

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000119183

**Entity Name:** CASTLE RE LLC

**Current Principal Place of Business:**

3221 SW WINDING WAY  
PALM CITY, FL 34990

**Current Mailing Address:**

3221 SW WINDING WAY  
PALM CITY, FL 34990 US

**FEI Number:** 47-4495810

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRAWFORD, DEAN W  
3221 SW WINDING WAY  
PALM CITY, FL 34990 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	CRAWFORD, DEAN W	Name	CRAWFORD, LAURA K
Address	3221 SW WINDING WAY	Address	3221 SW WINDING WAY
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEAN CRAWFORD

AMBR

02/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date