

**2019 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:**

TURNBULL, W.SCOTT ESQ  
759 SW FEDERAL HWY  
STE 106  
STUART, FL 34994 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  
Name            CRAWFORD, LAURA K  
Address         3221 SW WINDING WAY  
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:** LAURA K CRAWFORD

**PRINCIPLE**

**04/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date