

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000177620

**Entity Name:** CASTROGONZALEZ, LLC

**Current Principal Place of Business:**

5300 NW 49TH AVENUE  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5300 NW 49TH AVENUE  
COCONUT CREEK, FL 33073

**FEI Number:** 30-0892238

**Certificate of Status Desired:** No

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

DEDICATED CPA GROUP, LLC  
12301 NE 6TH AVENUE  
NORTH MIAMI, FL 33161 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:** RICARDO FERNANDEZ

04/27/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | AMBR                   | Title           | MGR                    |
| Name            | GONCAST GROUP LLC      | Name            | CASTRO LLANOS, MARIA A |
| Address         | 5300 NW 49TH AVENUE    | Address         | 5300 NW 49TH AVENUE    |
| City-State-Zip: | COCONUT CREEK FL 33073 | City-State-Zip: | COCONUT CREEK FL 33073 |

*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:** GONCAST GROUP, LLC

AMBR

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date