

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000141241

**Entity Name:** CASTLE CEGAL LLC

**Current Principal Place of Business:**

2862 SW 119TH RD  
MIRAMAR, FL 33025

**Current Mailing Address:**

P.O. BOX 268163  
WESTON, FL 33326 US

**FEI Number: 81-3411096**

**Certificate of Status Desired: Yes**

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

CASTILLO, CARLOS E  
2862 SW 119TH RD  
MIRAMAR, FL 33025 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 CASTILLO, CARLOS E  
Address 2862 SW 119TH RD  
City-State-Zip: MIRAMAR FL 33025

Title AMBR  
Name LOSADA, GINA A  
Address 2862 SW 119TH RD  
City-State-Zip: MIRAMAR FL 33025

Title AMBR  
Name CASTILLO, CARLOS E JR.  
Address 2862 SW 119TH RD  
City-State-Zip: MIRAMAR FL 33025

Title AMBR  
Name CASTILLO, MARIO A  
Address 2862 SW 119TH RD  
City-State-Zip: MIRAMAR FL 33025

Title AMBR  
Name CASTILLO, LINA M  
Address 2862 SW 119TH RD  
City-State-Zip: MIRAMAR FL 33025

*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: CARLOS E CASTILLO**

**PRESIDENT**

**03/23/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date