

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000211858

**Entity Name:** 4232 CASTLE AVE LLC

**Current Principal Place of Business:**

6020 NOCKLYN RD  
SPRING HILL, FL 34609

**Current Mailing Address:**

P.O. BOX 15203  
BROOKSVILLE, FL 34604 US

**FEI Number:** 82-3206005

**Certificate of Status Desired:** No

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

DOUGLAS L. HILKERT P.A.  
2557 NURSERY RD STE A  
CLEARWATER, FL 33764 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 VP  
Name FERGUSON , NATASHA ROSENGREN  
Address P.O. BOX 15203  
City-State-Zip: BROOKSVILLE FL 34604

*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:** NATASHA FERGUSON

MRS

04/02/2018

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

\_\_\_\_\_  
Date