Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MEMBER	Title	MANAGING MEMBER
Name	FRANKEL, CLAY	Name	FRANKEL, STACEY
Address	P.O. BOX 593082	Address	2750 TAYLOR AVENUE
City-State-Zip:	ORLANDO FL 32859		SUITE A-55
		City-State-Zip:	ORLANDO FL 32806

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000206714

Entity Name: CASTLE BUILDERS AND ROOFING, LLC

Current Principal Place of Business:

2750 TAYLOR AVENUE SUITE A-55 ORLANDO, FL 32806

Current Mailing Address:

P.O. BOX 593082 ORLANDO, FL 32859

FEI Number: 84-2713598

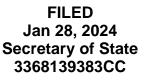
Name and Address of Current Registered Agent:

SYMBIOTIC SERVICES LLC 2750 TAYLOR AVENUE SUITE A-55 ORLANDO, FL 32806 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: CLAY FRANKEL

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



Certificate of Status Desired: No

01/28/2024

Date