

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000058209

**FILED**  
**Apr 07, 2022**  
**Secretary of State**  
**1290530311CC**

**Entity Name:** CASTLE REHAB LENDING SPECIALIST GROUP "LLC"

**Current Principal Place of Business:**

4720 SW 153RD TERRACE  
MIRAMAR, FL 33027

**Current Mailing Address:**

4720 SW 153RD TERRACE  
MIRAMAR, FL 33027 US

**FEI Number: 85-0656447**

**Certificate of Status Desired: No**

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

CHARLES, LESLY  
4720 SW 153RD TERRACE  
MIRAMAR, FL 33027 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 MGR  
Name ACHILLE, YVELINE  
Address 4720 SW 153RD TER  
City-State-Zip: MIRAMAR FL 33027--366

Title AMGR  
Name CHARLES, LESLINE  
Address 4720 SW 153RD TER  
City-State-Zip: MIRAMAR FL 33027--366

Title MGR  
Name CHARLES, LESLY  
Address 4720 SW 153RD TER  
City-State-Zip: MIRAMAR FL 33027--366

*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: LESLY CHARLES**

**MGR**

**04/07/2022**

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

\_\_\_\_\_  
Date