

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000210500

**Entity Name:** CASTELCO LLC

**Current Principal Place of Business:**

4149 N HAVERHILL RD  
1604  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

4149 N HAVERHILL RD  
1604  
WEST PALM BEACH, FL 33417 US

**FEI Number:** 86-3975101

**Certificate of Status Desired:** No

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

LEON, JOSE  
8333 W MCNAB RD  
STE 114  
TAMARAC, FL 33321-3203 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:** JOSE LEON

02/20/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CASTELBLANCO, JUNIO A  
Address 4149 N HAVERHILL RD APT 1604  
City-State-Zip: WEST PALM BEACH FL 33417

Title AMBR  
Name CASTELBLANCO, DANIEL A  
Address 4149 N HAVERHILL RD APT 1604  
City-State-Zip: WEST PALM BEACH FL 33417

Title AMBR  
Name CASTELBLANCO, DANIEL F  
Address 4149 N HAVERHILL RD APT 1604  
City-State-Zip: WEST PALM BEACH FL 33417

Title AMBR  
Name DOMINGUEZ, LINA J  
Address 4149 N HAVERHILL RD APT 1604  
City-State-Zip: WEST PALM BEACH FL 33417

Title AMBR  
Name CASTELBLANCO, DARIO L  
Address 4149 N HAVERHILL RD APT 1604  
City-State-Zip: WEST PALM BEACH FL 33417

*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:** JUNIO A CASTELBLANCO

AMBR

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date