

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004545

**Entity Name:** CASTLE ROCK CAPACITY LLC

**Current Principal Place of Business:**

40 MARCUS DRIVE  
3RD FLOOR  
MELVILLE, NY 11747

**Current Mailing Address:**

40 MARCUS DRIVE  
3RD FLOOR  
MELVILLE, NY 11747 US

**FEI Number:** 81-1416290

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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, MANAGER  
Name           LIPTON, BRETT  
Address        90 BROAD ST SUITE 1503  
City-State-Zip: NEW YORK NY 10004

Title           VP, MANAGER  
Name           LIPTON, JON  
Address        40 MARCUS DRIVE  
                  3RD FLOOR  
City-State-Zip: MELVILLE NY 11747

Title           EVP, MANAGER  
Name           O'NEIL, THOMAS  
Address        40 MARCUS DRIVE  
                  3RD FLOOR  
City-State-Zip: MELVILLE NY 11747

Title           TREASURER  
Name           MAMMARO, FRANK  
Address        CALIFORNIA ST, SUITE 400  
City-State-Zip: SAN FRANCISCO CA 94111

Title           SECRETARY  
Name           CRAWFORD, DANIEL  
Address        2000 ALAMEDA DE LAS PUGLAS  
City-State-Zip: SAN MATEO CA 94403

*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:** FRANK MAMMARO

**TREASURER**

**04/29/2023**

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

\_\_\_\_\_  
Date