

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002566

FILED
Sep 05, 2005
Secretary of State

Entity Name: CASTELLANOS & ASSOCIATES, LLC

Current Principal Place of Business:

P.O. BOX 128
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

10069 COVE LAKE DRIVE
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 59-3731029 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTELLANOS, VICTOR
10069 COVE LAKE DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

CASTELLANOS, VICTOR E MR.
10069 COVE LAKE DRIVE
ORLANDO, FL 32836 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: VICTOR CASTELLANOS

09/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTELLANOS, VICTOR E MR.
Address: 10069 COVE LAKE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGR () Delete
Name: CASTELLANOS, MARIA A MS.
Address: 10069 COVE LAKE DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VICTOR CASTELLANOS

MGRM

09/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date