

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90027 021 ****50.00

DOCUMENT # L01000007468

1. Entity Name

CASTO-ZENITH VENTURE, LLC

NC 03/25/03
g.s.



Principal Place of Business

Mailing Address

**C/O CASTO SOUTHEAST, LLC
401 NORTH CATTLEMEN RD., STE. 108
SARASOTA FL 34232**

**C/O CASTO SOUTHEAST, LLC
401 NORTH CATTLEMEN RD., STE. 108
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2621766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, ROBERT F
GREEN & SCHERMER
1301 SIXTH AVE. WEST, STE. 400
BRADENTON FL 34205**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ZENITH INSURANCE COMPANY**
STREET ADDRESS **21255 CALIFA STREET**
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **CASVAK-ZENITH LLC**
CITY-ST-ZIP **401 N CATTLEMEN RD, STE #108
SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* RDONM CASTO, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/24/03

614-228-5331

CR2E083 (4/03)