

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000014980

1. Entity Name
CASTSCAPES, LLC



Principal Place of Business
**539 OLIVE ST.
SOUTH DAYTONA, FL 32117 US**

Mailing Address
**539 OLIVE ST.
SOUTH DAYTONA, FL 32117 US**



07172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3679182	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, GARRETT L
539 OLIVE ST.
SOUTH DAYTONA, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TAYLOR, GARRETT L
STREET ADDRESS	539 OLIVE ST.
CITY-ST-ZIP	SOUTH DAYTONA, FL 32117

TITLE	
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07/23/07-80004-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **GARRETT TAYLOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07/17/2007
Date

386 322 9719
Daytime Phone #