

FILED
May 20, 2003 8:00 am
Secretary of State

03-31-2003 90808 035 ****50.00

3/31

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

DOCUMENT # L02000015721

1. Entity Name
KASTLE II, LLC



Principal Place of Business
3441 PLANTATION DRIVE
SARASOTA FL 34231

Mailing Address
3441 PLANTATION DRIVE
SARASOTA FL 34231

Mitri - Rose Gadah

44002013



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

City & State

City & State

Same

4. FEI Number *59.290-4725*

Applied For
Not Applicable

Zip *34231*

Country *Saranta*

Zip *34231*

Country *Saranta*

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

NAMBY, JOSEPH L
1205 MANATEE AVENUE WEST
SARASOTA FL 34231

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

Mitri - Rose Gadah

Signature, hold or a third name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

3-26-3

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By, May 1, 2003

8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

Mitri and Rose Gadah
3441 Plantation Drive
Sarasota, FL 34231
Manager
Owner Manager

CR2 E03 (10/02)

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 609, Florida Statutes.

SIGNATURE: *SIGNED*

3-26-3

941-922-9340

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

Date

Daytime Phone