

DOCUMENT # L04000008996

1. Entity Name

CASTLE HOME INVESTMENTS, LLC



FILED
Mar 08, 2007 08:00 AM
Secretary of State



Principal Place of Business

1051 SHADDELEE LANE E
FORT MYERS FL 33919

Mailing Address

1051 SHADDELEE LANE E
FORT MYERS FL 33919

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0672388

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

WINER, STEVEN I
2320 FIRST ST, STE 1000
FORT MYERS FL 33901

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
 NAME BRITTON, CYNTHIE A
 STREET ADDRESS 1824 HEWES AVE
 CITY- ST- ZIP GULFPORT MS 39507

☐ Change ☐ Addition
 U000000659581
 03/16/07-80036-012 50.00

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cynthia A. Britton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/07

228-596-3703

Date

Daytime Phone #