

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036020

FILED
Apr 27, 2008
Secretary of State

Entity Name: CASTEL INVESTMENTS, LLC

Current Principal Place of Business:

3945 W. WHITE WATER AVENUE
WESTON, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

SANDOVAL & ASSOCIATES
4069 HOLLY CRT
WESTON, FL 33331 US

New Mailing Address:

3945 W. WHITE WATER AVENUE
WESTON, FL 33332 US

FEI Number: 20-1193178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDOVAL & ASSOCIATES
4069 HOLLY CRT
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORCADA, ADIELA G
Address: 3945 W. WHITE WATER AVENUE
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Delete
Name: PROENCA, MARIA C
Address: 2619 CENTER COURT DRIVE
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Delete
Name: CAMPO-SANDOVAL, MARIE T
Address: 4069 HOLLY COURT
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: ADIELA G FORCADA

MGR

04/27/2008

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