

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000070713**

1. Entity Name  
**MD CASTLE, LLC**



Principal Place of Business  
**% NICOLAS FERNANDEZ, P.A.  
780 NW LE JEUNE ROAD, SUITE 324  
MIAMI, FL 33126**

Mailing Address  
**% NICOLAS FERNANDEZ, P.A.  
780 NW LE JEUNE ROAD, SUITE 324  
MIAMI, FL 33126**



02082006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2051330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ESQUIRE CORPORATE SERVICES, INC.  
780 NW LE JEUNE ROAD, SUITE 324  
MIAMI, FL 33126**

**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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CASTILLO, RENE 780 NW LE JEUNE ROAD SUITE 324 MIAMI, FL 33126</b>
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000000434458  
02/25/06-80002-025 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:**

*René Castillo*

**2-13-06 3052710617**