

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001474

FILED
Sep 01, 2006
Secretary of State

Entity Name: PATTY & RUDY CASTRO, LLC

Current Principal Place of Business:

3491 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982

New Principal Place of Business:

3491 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982 US

Current Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O JILL C. MCCRORY
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 20-2293579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCRORY, JILL C
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CASTRO, PATTY
Address: 3491 WASHINGTON LOOP ROAD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: MGR () Change (X) Addition
Name: CASTRO, RUDY
Address: 3491 WASHINGTON LOOP ROAD
City-St-Zip: PUNTA GORDA, FL 33982 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATTY CASTRO

MGR

09/01/2006

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