

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90231 050 ***138.75

DOCUMENT # L05000035503

1. Entity Name

CASTRO TITLE COMPANY LLC



Principal Place of Business

**95 FOREST AVENUE
LOCUST VALLEY, NY 11560**

Mailing Address

**95 FOREST AVENUE
LOCUST VALLEY, NY 11560**

DO NOT WRITE IN THIS SPACE



01252008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LLOYD GRANET, P.A.
2295 NW CORPORATE BOULEVARD, SUITE 235
BOCA RATON, FL 33431**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. KEOGH, TERRI A 95 FOREST AVENUE LOCUST VALLEY, NY 11560
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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: _____

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

3/19/08

Date

516-672-3100

Daytime Phone #