

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90094 005 ****50.00

DOCUMENT # L05000043334

1. Entity Name

FEDERICO A CASTILLO LTD.CO.



Principal Place of Business

123 STILL WATER CIR.
JUPITER FL 33458

Mailing Address

123 STILL WATER CIR.
JUPITER FL 33458

2. Principal Place of Business

15145 Tangelo Blvd.

Suite, Apt. #, etc.

3. Mailing Address

15145 Tangelo Blvd.

Suite, Apt. #, etc.

City & State

WPB Beach, FL

Zip

33412

Country

USA

City & State

West Palm Beach, FL

Zip

33412

Country

USA

4. FEI Number

001-56-1916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

Federico A. Castillo

Street Address (P.O. Box Number is Not Acceptable)

15145 Tangelo Blvd.

City

W.P.B.

FL

Zip Code

33412

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)

6/21/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASTILLO, FEDERICO A.
123 STILL WATER CIR.
JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASTILLO, Federico A.
15145 Tangelo Blvd.
W.P.B., FL 33412 ☒ Change ☐ Addition

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

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

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

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

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

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:

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

6/21/06 (561)333-9265

Date

Daytime Phone #

ATTACHMENT

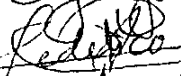
June 21, 2006

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#L05808043334

To whom it may concern:

Due to not receiving forwarded mail until after May 2, I requested and am now sending the new report form to you with my new address. Should there be questions or concerns, please contact me at home address or call (561) 333-9265.

Sincerely yours,


Federico A. Castillo