

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000045916

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** CASTILLO ACCOUNTING & TAX SERVICES, LLC

**Current Principal Place of Business:**

4239 SHADOW CREEK CIRCLE  
OVIEDO, FL 327657940 US

**New Principal Place of Business:**

1368 CODY CHASE WAY  
1ST FLOOR  
LAKE MARY, FL 32746 US

**Current Mailing Address:**

PO BOX 678051  
ORLANDO, FL 328678051 US

**New Mailing Address:**

**FEI Number:** 35-2254221      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CASTILLO, ORLANDO CPA  
1368 CODY CHASE WAY  
HEATHROW, FL 32746 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:** MGRM  
**Name:** CASTILLO, ORLANDO CPA  
**Address:** 1368 CODY CHASE WAY  
**City-St-Zip:** HEATHROW, FL 32746 US

I hereby 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: ORLANDO CASTILLO      MGM      02/09/2011

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