

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064236

**FILED
Apr 30, 2009
Secretary of State**

Entity Name: CASTLESPIE, LLC

Current Principal Place of Business:

4110 LAKEVIEW DR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4110 LAKEVIEW DR
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-4135361 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LACSON, J. AGUSTIN MGRM
4110 LAKEVIEW DR
SEBRING, FL 33870 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 () Delete
Name: LACSON, J. AUGUSTIN
Address: 4110 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: J. AGUSTIN LACSON MGRM 04/30/2009

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