

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064236

**FILED  
Apr 17, 2012  
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  
Name: LACSON, J. AUGUSTIN  
Address: 4110 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

Title: MGRM  
Name: CROSKERY, JANICE  
Address: 4110 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

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: JANICE CROSKERY

MGRM

04/17/2012

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