

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064297

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: CASTLE 5445 LLC

**Current Principal Place of Business:**

9005 NE 8TH AVE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

4011 W. FLAGLER ST.  
SUITE # 404  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 20-3077684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARRENA, LEOPOLDO D  
4011 W. FLAGLER ST.  
SUITE # 404  
CORAL GABLES, FL 33134 US

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

PAGANO, FRANCISCO S  
5151 COLLINS AVE  
SUITE # 404  
MIAMI BEACH, FL 33140 US

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: FRANCISCO PAGANO

04/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARRENA, LEOPOLDO D  
Address: 301 NW 84 TH CT.  
City-St-Zip: MIAMI, FL 33126 US

Title: MGRM (X) Delete  
Name: SAUER, DANIEL H  
Address: 4011 W. FLAGLER ST. SUITE # 404  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PAGANO, FRANCISCO  
Address: 5151 COLLINS AVE.  
City-St-Zip: MIAMI BEACH, FL 33140 US

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: FRANCISCO PAGANO

MGRM

04/05/2009

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