

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009407

FILED  
May 01, 2008  
Secretary of State

Entity Name: CASTLE CARE LLC

**Current Principal Place of Business:**

12381 S CLEVELAND AVE  
SUITE 108  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1299 BILTMORE DR  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-4189902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KING, MEL  
1299 BILTMORE DR  
FORT MYERS, FL 33901      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:      PRES      ( ) Delete  
Name:      BERES, RANDY K  
Address:      13230 IDYLWILD RD  
City-St-Zip:      FORT MYERS, FL 33905

Title:      VP      ( ) Delete  
Name:      KING, MEL  
Address:      1299 BILTMORE DR  
City-St-Zip:      FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

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

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: MEL KING

MGRM

05/01/2008

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