


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90511 020 ***138.75

DOCUMENT # L06000010011 1. Entity Name CASTLE, LLC					
Principal Place of Business 4908 SW 72ND AVENUE MIAMI, FL 33155			Mailing Address 4908 SW 72ND AVENUE MIAMI, FL 33155		
2. Principal Place of Business - No. P.O. Box # 120 East Oakland Park Blvd.		3. Mailing Address Suite, Apt. #, etc. 105			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 20-4196407	
Zip 33334		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEFANO, DELAILA J 9200 SOUTH DADELAND BLVD 204 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Estefano and Associates, PA</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, MAYRA 4908 SW 72ND AVENUE MIAMI, FL 33155	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>MAYRA GONZALEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>5/18/08</u> <small>Daytime Phone #</small>		