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Secretary of State

04-23-2007 90374 031 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000061826

1. Entity Name
CASTLE INSPECTION SERVICE, LLC

Principal Place of Business	Mailing Address
13392 S.W. 128 STREET MIAMI, FL 33186 US	13392 S.W. 128 STREET MIAMI, FL 33186 US

04202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 13396 S.W. 128 ST.	3. Mailing Address 13396 S.W. 128 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33186 Country DADE	Zip 33186 Country DADE

4. FEI Number 41-2208671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CERECEDA, MARTA M 13392 S.W. 128 STREET MIAMI, FL 33186	Name MARTA M. CERECEDA Street Address (P.O. Box Number is Not Acceptable) 13396 S.W. 128 ST. City MIAMI FL FL Zip Code 33186

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 [signature] MARTA M. CERECEDA 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CERECEDA, MARTA M 13392 S.W. 128 STREET MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CERECEDA MARTA M. 13396 S.W. 128 ST. MIAMI FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-20-07 305-234-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #