

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071448

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** CASTLE RETIREMENT & ESTATE PLANNING, LLC.

**Current Principal Place of Business:**

3067 OVERLOOK PLACE  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

3067 OVERLOOK PLACE  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 35-4541963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTELLI, MARK A  
3067 OVERLOOK PLACE  
CLEARWATER, FL 33760 US

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

CASTELLI, MARC A  
3067 OVERLOOK PLACE  
CLEARWATER, FL 33760 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: MARC CASTELLI

04/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASTELLI, MARK A  
Address: 3067 OVERLOOK PLACE  
City-St-Zip: CLEARWATER, FL 33790

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CASTELLI, MARC A  
Address: 3067 OVERLOOK PLACE  
City-St-Zip: CLEARWATER, FL 33790

I hereby certify that the information supplied with this filing does not qualify for the 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: MARC CASTELLI

MGRM

04/18/2007

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