

May 28 08 12:22p

Joe Arbolaez

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90038 026 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

4/2

DOCUMENT # L07000111293			
1. Entity Name CASTLE BUILDERS DESIGN CONSTRUCTION INTERNATIONAL, LLC			
Principal Place of Business 16464 W 61 WAY MIAMI, FL 33193		Mailing Address 16464 W 61 WAY MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-1367047		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARBOLAEZ, JOSEPH 16464 W 61 WAY MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> DATE 4/23/08 Signature typed in printed name of registered agent and city is applicable. (NOTE: Registered Agent signatures required when changing)			
FILE NOW!!! FEE IS \$138.75/ After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARBOLAEZ, JOSEPH 16464 W 61 WAY MIAMI, FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZALDIVAR, ROCCO JULIO 16464 W 61 WAY MIAMI, FL 33193 ☐ 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	MGR Jorge Linares 9910 SW 145 ter MIAMI, FL 33176 ☐ 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
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 118, 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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/23/08 Date	

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