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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

CASTILLO, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUY F. IANNELLO

Name of Person

CASTILLO, LLC Firm/Company

1881 LESLIE ANN LANE Address

OCOEE, FLORIDA, 34761

City/State and Zip Code

Cuchicastillo@yahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUY F. IANNELLO	at (407) 765-1424
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	CASTILLO, LLC		
2. (a) Principal office address of limited liability compan	y: 9210 Southwest 11th Street		
(<u>Note: MUST BE STREET ADDRESS</u>)	Miami, Florida, 33174		
(b) Mailing address of limited liability company:	9210 Southwest 11th Street		
(Note: MAY BE POST OFFICE BOX)	Miami, Florida, 33174		
12/15/2010	L10000128282		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept.			
Registered Agent: Registered Office Address:	ANNEMARIE CASTILLO		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>			
NEW Registered Agent:	GUY F. IANNELLO		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1881 Leslie Ann Lane		
<u></u>	Ocoee,FL_34761		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identified to be a set of the registered agent will be a set of th	lorida street address of the registered office		

and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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Signature of a member or authorized representative of a member

CARLOS A. CASTILLO ZEPEDA

Printed or typed name of signce

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I are familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**