

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90590 016 ****50.00

DOCUMENT # M04000005547

1. Entity Name
CASTLE RESIDENTIAL CONSTRUCTION SERVICES, LLC



Principal Place of Business
CORDOVA SQUARE, BLDG. 21 SUITE G
440 BAYOU BLVD.
PENSACOLA, FL 32503

Mailing Address
CORDOVA SQUARE, BLDG. 21 SUITE G
440 BAYOU BLVD.
PENSACOLA, FL 32503

20020235



2. Principal Place of Business
4232 W Fairfield Dr.
Suite, Apt. #, etc.

3. Mailing Address
4232 W Fairfield Dr
Suite, Apt. #, etc.

03072005 Chg-LLC CR2E083 (10/03)

City & State
Pensacola FL

City & State
Pensacola FL

Zip Country
32505 Escambia

Zip Country
FL Escambia

4. FEI Number
20-2193292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STROHMAN, SHEILA
440 BAYOU BLVD.
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name
Sheila Strohman

Street Address (P.O. Box Number is Not Acceptable)
4232 W Fairfield Dr

City
Pensacola FL

Zip Code
32505

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, 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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~MR~~ President
REESE, RICHARD
106 GLEAHAVEN ROAD
WAYZATA, MN 55391

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/10/05 850-458-0833