MO 7000005890

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ALLAHASSEE, FLORIDA

AL

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Castleman Group 12C (Name of Foreign Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Samuel Janse van Rensburg (Name of Person) The Castleman Group			
The Castleman Group (Firm/Company)			
(Firm/Company) 1180 Spring Oak S. Blvd Suite 112 (Address) Altumonte Springs Florida 32714 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Samuel J. van Rendra at (407) 461-4479 (Name of Person) A (Area Code and Daytime Telephone Number)			
STREET/COURIER 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: \$\sum_{\$\text{\$\e			
CR2E123(8/07)			

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan	
Department of State is: The Castler	E 3
2. This entity was formed under the laws of	: Delaware III I.
3. This entity was authorized to transact bus and its Florida document/registration number	er is M 0700000 5890 T. T.
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Samuel Janse van Rensburg 105 Eastwind Lane Fern Park, FLORIDA, 32730
<u>MGRM</u>	Corey James 1188 Spring Oak S. Blud, Suite 16 Altamonte Springs, Florida, 3274
MGRM	Ian Stubbs 1180 Spring Oak S. Blvd Scrite 112 Altamonte Springs, Florida, 32714
Required Signature: (Signature of Manager,	Conslucia Managing/Member or Member)
Filing	Fee: \$25