

9/10/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M2100033665012168

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP

Account Number : I20060000021

Phone : (561)833-9800

Fax Number : (561)655-5551

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: janice@singermgmt.com

Foreign Limited Liability Company

CASTLE BOCA MANAGER LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 SEP 14 PM 12:05

ALLAHASSEE, FLORIDA

2021 SEP 14 PM 3:48

*Castle Boca Manager LLC*  
11900 Biscayne Boulevard  
Suite 262  
North Miami, Florida 33181

September 14, 2021

Florida Department of State  
Division of Corporations

RE: Castle Boca Manager LLC  
W21000123452  
Fax Audit #H21000336650

To Whom it May Concern:

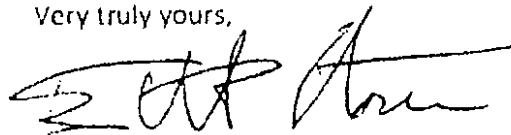
On September 8, 2021, we filed Articles of Dissolution to voluntarily dissolve Florida entity #L21000329639. We have no intention of reinstating or reactivating that entity. We permanently relinquish the name "Castle Boca Manager LLC" for use.

Our intention is to register our newly-formed Delaware limited liability by the same name.

Please consider this letter formal request to proceed with the submitted Application for Authorization referenced above.

Thank you for your cooperation.

Very truly yours,

A handwritten signature in black ink, appearing to read "Elliot Stone", written over a horizontal line.

Elliot Stone  
Manager,  
on behalf of Castle Boca Manager LLC

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CASTLE BOCA MANAGER LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

DELAWARE

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (F.L.C. number, if applicable)

## UPON REGISTRATION

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.2905, F.S. to determine penalty liability)

11900 BISCAYNE BOULEVARD

200 EAST LAS OLAS BOULEVARD

5. (Street Address of Principal Office)

6. (Mailing Address)

SUITE 262

SUITE 1000, ATTN: MICHAEL B. DENBERG

NORTH MIAMI, FLORIDA 33181

FORT LAUDERDALE, FLORIDA 33301

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL B. DENBERG

Office Address: 200 EAST LAS OLAS BOULEVARD, SUITE 1000

FORT LAUDERDALE 33301  
(City) Florida (Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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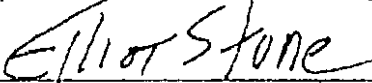
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
<input checked="" type="checkbox"/> Manager	Name:	ELLIOT STONE		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	11900 BISCAYNE BLVD.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		SUITE 262		<input type="checkbox"/> Authorized			
Person		NORTH MIAMI, FLORIDA 33181		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

ELLIOT STONE  
\_\_\_\_\_  
Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASTLE BOCA MANAGER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2021.



6222805 8300

SR# 20213192178

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204112163

Date: 09-08-21

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