

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064236

Entity Name: CASTLESPIE, LLC

Current Principal Place of Business:

4110 LAKEVIEW DR
SEBRING, FL 33870

Current Mailing Address:

4110 LAKEVIEW DR
SEBRING, FL 33870

FEI Number: 20-4135361

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LACSON, J. AGUSTIN MGRM
4110 LAKEVIEW DR
SEBRING, FL 33870 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------|-----------------|------------------|
| Title | MGRM | Title | MGRM |
| Name | LACSON, J. AUGUSTIN | Name | CROSKERY, JANICE |
| Address | 4110 LAKEVIEW DR | Address | 4110 LAKEVIEW DR |
| City-State-Zip: | SEBRING FL 33870 | City-State-Zip: | SEBRING FL 33870 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANICE CROSKERY

MANAGER

06/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date