

**2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JANICE J CROSKERY

**MANAGER**

**04/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date