

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080699

**FILED**  
**May 12, 2016**  
**Secretary of State**  
**CC0449749018**

**Entity Name:** CASTRO RESIDENTIAL REMODELING, LLC

**Current Principal Place of Business:**

13682 KAYAK COURT  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

13682 KAYAK COURT  
JACKSONVILLE, FL 32226

**FEI Number: 46-4447088**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DECASTRO, JOSHUA C  
13682 KAYAK COURT  
JACKSONVILLE, FL 32226 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 MGR  
Name DECASTRO, JOSHUA C  
Address 1824 ST. JOHNS BLUFF RD. N.  
City-State-Zip: JACKSONVILLE FL 32225

Title MGRM  
Name DECASTRO, LEONA M  
Address 13682 KAYAK COURT  
City-State-Zip: JACKSONVILLE FL 32226

Title MNGR  
Name MANUEL, DECASTRO J SR.  
Address 13682 KAYAK CRT.  
City-State-Zip: JACKSONVILLE FL 32226

*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: JOSHUA C. DE CASTRO**

**MANAGER**

**05/12/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date