

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000086092

**FILED**  
**Mar 29, 2013**  
**Secretary of State**  
**CC1749193486**

**Entity Name:** CASTLE PARADISE LLC

**Current Principal Place of Business:**

6632 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449

**Current Mailing Address:**

6632 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449

**FEI Number:** 45-5575477

**Certificate of Status Desired:** No

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

DAVIDSON, MARIA T  
6632 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449 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  
Name HARTWELL, DANIEL C  
Address 5505 NORTH OCEAN BLVD SUITE  
LEXINGTON 107  
City-State-Zip: OCEAN RIDGE FL 33435

Title MGRM  
Name DAVIDSON, MARIA T  
Address 6632 WILD ORCHID TRAIL  
City-State-Zip: LAKE WORTH FL 33449

*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:** MARIA T DAVIDSON

**MANAGER**

**03/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date