

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000118181

**Entity Name:** NEW CASTLE INSURANCE & FINANCIAL "LLC"

**Current Principal Place of Business:**

6500 WEST COLONIAL DRIVE  
ORLANDO, FL 32818

**Current Mailing Address:**

6500 WEST COLONIAL DRIVE  
ORLANDO, FL 32818

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

KARRAN, RONALD  
1443 N PINE HILLS RD  
ORLANDO, FL 32808 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           MAYNARD, STEDROY  
Address       6500 WEST COLONIAL DRIVE  
City-State-Zip: ORLANDO FL 32818

*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:** STEDROY MAYNARD

**OWNER**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date