

2016 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

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date