

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000109331

**Entity Name:** SAMUEL CASTRO SERVICES LLC

**Current Principal Place of Business:**

6204 AXELROD RD  
TAMPA, FL 33634

**Current Mailing Address:**

6204 AXELROD RD  
TAMPA, FL 33634

**FEI Number:** 46-3326577

**Certificate of Status Desired:** No

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

DCM SERVICES CENTER INC  
7208 N ARMENIA AVE  
TAMPA, FL 33604 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:** JULISSA ROSADO

04/13/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CASTRO, NOE S  
Address 6204 AXELROD RD  
City-State-Zip: TAMPA FL 33634

*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:** NOE S CASTRO

MGRM

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date