

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000211858

Entity Name: 4232 CASTLE AVE LLC

Current Principal Place of Business:

6020 NOCKLYN RD
SPRING HILL, FL 34609

Current Mailing Address:

P.O. BOX 15203
BROOKSVILLE, FL 34604 US

FEI Number: 82-3206005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOUGLAS L. HILKERT P.A.
2557 NURSERY RD STE A
CLEARWATER, FL 33764 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 VP

Name FERGUSON , NATASHA ROSENGREN

Address P.O. BOX 15203

City-State-Zip: BROOKSVILLE FL 34604

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: NATASHA FERGUSON

MRS

04/02/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date