

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000121845

**Entity Name:** CASTLEMEN INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

21338 US HWY 19 NORTH  
CLEARWATER, FL 33765

**Current Mailing Address:**

21338 US 19 NORTH  
CLEARWATER, FL 33765 UN

**FEI Number: 83-0579813**

**Certificate of Status Desired: No**

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

CASTELLI, DAVID  
2489 FRISCO DRIVE  
CLEARWATER, FL 33761 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 CASTELLI, DAVID SR  
Address 21338 US 19 NORTH  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MENNA-EGERTER, AMY  
Address 3425 LAKE SHORE LANE  
City-State-Zip: CLEARWATER FL 33761

Title MGR  
Name MENNA, AGOSTINO  
Address 2958 KENILWICK DR N  
City-State-Zip: CLEARWATER FL 33761

Title MGR  
Name MENNA, MARIAN  
Address 2958 KENILWICK DR N  
City-State-Zip: CLEARWATER FL 33761

Title MGR  
Name LEGNINI, GUISEPPE  
Address 21338 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33765

Title MGR  
Name CASTELLI, ELISA  
Address 2489 FRISCO DRIVE  
City-State-Zip: CLEARWATER FL 33761

*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: AMY MENNA-EGERTER**

**MANAGING MEMBER**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date