

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000217332

**Entity Name:** CASTO CENTER POINT MOB LLC

**Current Principal Place of Business:**

6562 UNIVERSITY PARKWAY  
STE 210  
SARASOTA, FL 34240

**Current Mailing Address:**

250 CIVIC CENTER DRIVE  
STE 500  
COLUMBUS, OH 43215 US

**FEI Number:** 83-3182374

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CASTO-CCM CENTER POINT MOB  
LLC  
Address 6562 UNIVERSITY PARKWAY  
STE 210  
City-State-Zip: SARASOTA FL 34240

*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:** JILL WHITE

**ASST SECRETARY**

**03/19/2025**

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

\_\_\_\_\_  
Date