

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000365202

**Entity Name:** CASTAWAYS 616 LLC

**Current Principal Place of Business:**

2043 S ATLANTIC AVE  
UNIT 616  
DAYTONA BEACH, FL 32118

**FILED**  
**Mar 22, 2022**  
**Secretary of State**  
**0552630343CC**

**Current Mailing Address:**

20 N WATERVIEW DR  
PALM COAST, FL 32137

**FEI Number:** 87-2265649

**Certificate of Status Desired:** No

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

KATZ, ASHLEY C  
20 N WATERVIEW DR  
PALM COAST, FL 32137 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 KATZ, ASHLEY C  
Address 20 N WATERVIEW DR  
City-State-Zip: PALM COAST FL 32137

Title MGR  
Name EDDINS, JOHN J  
Address 20 N WATERVIEW DR  
City-State-Zip: PALM COAST FL 32137

Title MGR  
Name PARSONS, JOHN R  
Address 39 BRUNETT LN  
City-State-Zip: PALM COAST FL 32137

Title MGR  
Name PARSONS, RUBDYS B  
Address 39 BRUNETT LN  
City-State-Zip: PALM COAST FL 32137

*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:** RUBDYS PARSONS

**MGR**

**03/22/2022**

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

\_\_\_\_\_  
Date