

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000460662

**Entity Name:** CASTLE CLOSINGS LLC

**Current Principal Place of Business:**

3251 NW 95TH TER  
SUNRISE, FL 33351

**Current Mailing Address:**

PO BOX 450506  
FORT LAUDERDALE, FL 33345 US

**FEI Number:** 92-2303249

**Certificate of Status Desired:** No

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

QUILES, RAQUEL  
3251 NW 95TH TER  
SUNRISE, FL 33351 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	Title	AR
Name	QUILES, RAQUEL	Name	MENDEZ, JOSHUA
Address	PO BOX 450506	Address	2850 FOREST HILLS BLVD APT 107
City-State-Zip:	FORT LAUDERDALE FL 33345	City-State-Zip:	CORAL SPRINGS FL 33351

*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:** RAQUEL QUILES

MGR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date