

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000078710

**Entity Name:** CASTILE TRANSPORT LLC

**Current Principal Place of Business:**

801 W STATE ROAD 436  
2151 PMB 1043  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

801 W STATE ROAD 436  
2151 PMB 1043  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 92-2153933

**Certificate of Status Desired:** No

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

CASTILE, RENEE  
320 BLACK OAK COURT  
204  
ALTAMONTE SPRINGS, FL 32701 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 CASTILE, RENEE  
Address 320 BLACK OAK COURT #204  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** RENEE CASTILE

**MANAGER**

**04/13/2024**

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

\_\_\_\_\_  
Date