

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111548

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** CAS HOLDINGS OF BROWARD COUNTY, FLORIDA, L.L.C.

**Current Principal Place of Business:**

17981 S.W. 35TH STREET  
MIRAMAR, FL 33029

**New Principal Place of Business:**

17981 S.W. 35TH STREET  
MIRAMAR, FL 33029 US

**Current Mailing Address:**

17981 S.W. 35TH STREET  
MIRAMAR, FL 33029

**New Mailing Address:**

17981 S.W. 35TH STREET  
MIRAMAR, FL 33029 US

FEI Number: 26-3826836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FT. LAUDERDALE, FL 33316 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHAN-A-SUE, BRIAN I  
Address: 17981 S.W. 35TH STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: MGR ( ) Delete  
Name: CHAN-A-SUE, NORMA B  
Address: 17981 S.W. 35TH STREET  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRIAN I CHAN-A-SUE

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date