

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 10, 2006 08:00 AM

Secretary of State

DOCUMENT # L97000001377

1. Entity Name
CASS STREET, L.C.



Principal Place of Business
**1214 CASS STREET
TAMPA, FL 33606**

Mailing Address
**1214 CASS STREET
TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3484575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENDELSON, FRED M
1214 CASS STREET
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000500496
04/25/06-80024-015 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MENDELSON, FRED M
STREET ADDRESS	1214 CASS STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGRM
NAME	MENDELSON, PHILLIP
STREET ADDRESS	1214 CASS STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #