

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107213

**Entity Name:** CASI #1, LLC

**Current Principal Place of Business:**

927 S STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

4221 SW 101 AVE  
DAVIE, FL 33328

**FEI Number:** 20-8285054

**Certificate of Status Desired:** No

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

WILLIAM R. BLACK & ASSOCIATES, PL  
2312 WILTON DRIVE  
WILTON MANORS, FL 33305 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 MGRM  
Name AMIT & SHAWN LIMITED  
PARTNERSHIP  
Address 4221 SW 101 AVE  
City-State-Zip: DAVIE FL 33328

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM R BLACK

MGRM

03/04/2013

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

\_\_\_\_\_  
Date