## 2015 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

**FILED** Mar 04, 2015

**Secretary of State** 

CC6421783752

## Authorized Person(s) Detail:

Title MGRM

AMIT & SHAWN LIMITED Name

**PARTNERSHIP** 

4221 SW 101 AVE Address 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMIT & SHAWN LIMITED PARTNERSHIP

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

03/04/2015

Date