

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000078766

**Entity Name:** CASHNOW PROPERTIES, LLC

**Current Principal Place of Business:**

5314 OXFORD GABLE LANE E.  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

5314 OXFORD GABLE LANE E.  
JACKSONVILLE, FL 32257

**FEI Number:** 46-2935231

**Certificate of Status Desired:** No

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

LAM, ROBERT  
5314 OXFORD GABLE LANE E.  
JACKSONVILLE, FL 32257 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:** ROBERT LAM

06/14/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LAM, ROBERT  
Address 5314 OXFORD GABLE LANE E.  
City-State-Zip: JACKSONVILLE FL 32257

Title MGRM  
Name LAM, MIMI  
Address 5314 OXFORD GABLE LANE E.  
City-State-Zip: JACKSONVILLE FL 32257

Title MGRM  
Name LAM, ALAN  
Address 5314 OXFORD GABLE LANE E.  
City-State-Zip: JACKSONVILLE FL 32257

Title MGRM  
Name LAM, JASON  
Address 5314 OXFORD GABLE LANE E.  
City-State-Zip: JACKSONVILLE FL 32257

Title MGRM  
Name LAM, CINDY  
Address 5314 OXFORD GABLE LANE E.  
City-State-Zip: JACKSONVILLE FL 32257

*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:** ROBERT LAM

MGR

06/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date