

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045844

**Entity Name:** CASEOVER, LLC

**Current Principal Place of Business:**

8855 COLLINS AVENUE  
APT. 6-G  
SURFSIDE, FL 33156

**Current Mailing Address:**

8855 COLLINS AVENUE  
APT. 6-G  
SURFSIDE, FL 33156

**FEI Number:** 45-4937089

**Certificate of Status Desired:** No

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

SILVERMAN, SCOTT  
8855 COLLINS AVENUE  
APT. 6-G  
SURFSIDE, FL 33156 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 SILVERMAN, SCOTT  
Address 8855 COLLINS AVENUE, APT. 6-G  
City-State-Zip: SURFSIDE FL 33156

*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:** SCOTT J. SILVERMAN

**MANAGING MEMBER**

**01/31/2013**

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

\_\_\_\_\_  
Date