

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045844

**Entity Name:** CASEOVER, LLC

**Current Principal Place of Business:**

1700 NE 105TH ST #202  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

2418 CIMARRONE BLVD ST  
ST JOHNS, FL 32259 US

**FEI Number:** 45-4937089

**Certificate of Status Desired:** No

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

SILVERMAN, SCOTT  
2418 CIMARRONE BLVD ST  
ST JOHNS, FL 32259 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 J  
Address 1700 NE 105TH ST #202  
City-State-Zip: MIAMI SHORES FL 33138

*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:** SCOTT J. SILVERMAN

**MANAGING MEMBER**

**01/17/2024**

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

\_\_\_\_\_  
Date