

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000178218

**Entity Name:** CASUAL MGMT, LLC

**Current Principal Place of Business:**

6817 SW 81 TERRACE  
MIAMI, FL 33143

**Current Mailing Address:**

6817 SW 81 TERRACE  
MIAMI, FL 33143 US

**FEI Number:** 46-4527440

**Certificate of Status Desired:** No

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

LAW OFFICES OF AARON RESNICK, P.A.  
100 N BISCAYNE BOULEVARD, SUITE 1607  
MIAMI, FL 33132 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 MGR  
Name SHEAR, MYLES  
Address 6817 SW 81 TERRACE  
City-State-Zip: MIAMI FL 33143

Title MGRM  
Name CASUAL MGMT HOLDINGS, LLC  
Address 6817 SW 81 TERRACE  
City-State-Zip: MIAMI FL 33143

*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:** MYLES SHEAR

MGR

04/22/2015

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

\_\_\_\_\_  
Date