Daytime Phone #

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DOCUMENT # L0000012173  1. Entity Name CASSE SEZ VENTURES, LLC													
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Principal Place of Business 19707 TURNBERRY WAY, T.S. #4 AVENTURA FL 33180					Mailing Address 19707 TURNBERRY WAY, T.S. #4 AVENTURA FL 33180				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	-												
2. Principal Place of Business					3. Mailing Address				1 14 6 1 <b>0</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00111 <b>13</b> 111 <b>60</b> 101	) (14 <b>010</b> 14 <b>50</b> ) (140)	1 (1116	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State				City & State				4. FEI	4. FEI Number Applied Fo			pplied For ot Applicable	
Zip	Country			Z	Zip Coun		ntry	5. 'Certificate of Status Desired		\$5.00 Ad Fee Require	Additional equired		
6. Name and Address of Current R					ered Agent		Name	7. Nan	e and Address of New	Registered	Agent		<u>-</u>
SIMON, RICHARD								n (BO Boy I	Number in Not Assentab	lo)			4
19707 TURNBERRY WAY, T.S. #4							Street Addres	SS (P.O. BOX I	Number is Not Acceptab				-
AVENTURA FL 33180					•	<u> </u>				<del>- , <u>-</u>, -</del> -	, <u> </u>	]	
							City			FL	Zip Cod	e 	
8. The above	named entity	submits	this statement for	the pu	rpose of changing its	register	ed office or regis	stered agent,	or both, in the State of F	lorida.			
SIGNATURE	Cignoture typed	ar aristad as	me of registered agent a	o el alde e la e	(NO)	E. Danis	nd Agent signature requ			DATE			
	Signature, typeu t	or printed (ie	me di registereo agent a	IO DES II A					1	DATE			1
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NAME STREET ADDRESS	1.					NAM	]			•			1
CITY-ST-ZIP				_			ET ADDRESS - ST-ZIP						
11. I hereby of indicated	certify that the on this report	informati is true a	ion supplied with t	his filin nat my	g does not qualify fo signature shall have:	the exer	mption stated in legal effect as i	Section 119. f made unde	07(3)(i), Florida Statutes, oath; that I am a mana	I further cert	tify that the in	nformation of the	}
ilmited lia	Dility company	or the r	eceiver or trustee	empow	vered to execute this	report as	required by Cha	apter 608, Flo	rida Statutes.	- <del>-</del>	<b>3</b> -		}
SIGNAT	URE	M	and D	22	on	24	licharo	Sim	ontresid	ent		,	
	SIGNATURE A	NOTYPED (	R PRINTE NAME OF	SIGNING	MANAGING MEMBER, MAI	IAGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Da	ytime Phone #		