2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90038 025 ****50.00

DOCUMENT # L00000014569

1. Entity Name
CASA PISCES, LLC

Principal Place of Business	Mailing Address
3744 S.E. FAIRWAY EAST STUART FL 34997	3744 S.E. FAIRWAY EAST STUART FL 34997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4745 SE DeSoto Ave Suite, Apt. #, etc.	4745 SE DeSoto Ave Suite, Apt. #, etc.
City & State: Stuart, Fl. Zip: 34994 Country: USA	City & State: Stuart, FL Zip: 34997 Country:

4. FEI Number 65-1072252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KILIAN, FRANK JOHN
3744 S.E. FAIRWAY EAST
STUART FL 34997

7. Name and Address of New Registered Agent

Name: John Hennessee
Street Address (P.O. Box Number is Not Acceptable): 4290 SE Salerno Rd.
City: Stuart, FL Zip Code: 34997

8. 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: John Hennessee / John Hennessee 3-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HARMAN, MICHAEL 7777 MAIN ST., #108 SCOTTSDALE AZ 85251	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HENNESSEE, JOHN 1614 SW SW SEAGULL WAY PALM CITY FL 34990	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KILIAN, FRANK JOHN 3744 SE FAIRWAY EAST STUART FL 34997	☒ Delete	TITLE: Secretary NAME: Hennessee, John STREET ADDRESS: 1614 SW SW Seagull Way CITY-ST-ZIP: Palm City FL. 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: John Hennessee John Hennessee V.P. 3/19/02 561-223-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #