

2002 UNIFORM BUSINESS REPORT (UBR)

9/8/

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-08-2002 90120 018 ****50.00

DOCUMENT # L01000021990

1. Entity Name

CASE, LLC

Principal Place of Business

1000 SE MONTEREY COMMONS BLVD., SUITE 302
 STUART FL 34996

Mailing Address

1000 SE MONTEREY COMMONS BLVD., SUITE 302
 STUART FL 34996

4240+

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

02-0539157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABIN, CHARLES H

1000 SE MONTEREY COMMONS BLVD., SUITE 302
 STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
 STREET ADDRESS SABIN, CHARLES H
 CITY-ST-ZIP 1000 SE MONTEREY COMMONS BLVD., SUITE 302
 STUART FL 34996 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME MGRM
 STREET ADDRESS EJUPS, ALDIS
 CITY-ST-ZIP 1231 SW SUNSET TRAIL
 PALM CITY FL 34990 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

7/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)