

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90034 020 ****55.00

DOCUMENT # L01000021990

1. Entity Name

CASE, LLC



Principal Place of Business

1231 SW SUNSET TRAIL
PALM CITY FL 34990

Mailing Address

1231 SW SUNSET TRAIL
PALM CITY FL 34990

2. Principal Place of Business

3500 SW Corporate Pkwy

3. Mailing Address

3500 SW Corporate Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm City FL

City & State
Palm City FL

4. FEI Number

02-0539757

Applied For

Not Applicable

Zip
34990

Country
USA

Zip
34990

Country
USA

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
1231 SW SUNSET TRAIL
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)
3500 SW Corporate Parkway

City
Palm City

FL

Zip Code
34990

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SABIN, CHARLES H
STREET ADDRESS 1231 SW SUNSET TRAIL
CITY-ST-ZIP PALM CITY FL 34990

TITLE MGRM ☒ Change ☐ Addition
NAME Sabin, Charles H
STREET ADDRESS 3500 SW Corporate Parkway
CITY-ST-ZIP Palm City FL 34990

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

TITLE MGRM ☒ Change ☐ Addition
NAME Ejups, Aldis
STREET ADDRESS 3500 SW Corporate Parkway
CITY-ST-ZIP Palm City FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 608, Florida Statutes.

SIGNATURE:

Charles H. Sabin

4-14-04

772-283-8400

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

Date

Daytime Phone #