

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

05 DEC -6 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008306

1. Entity Name
LACAS LLC



Principal Place of Business
10570 SW 56TH TERRACE
MIAMI, FL 33173

Mailing Address
10570 SW 56TH TERRACE
MIAMI, FL 33173

2. Principal Place of Business
2200 NW Corporate Blvd.

3. Mailing Address
2200 NW Corporate Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

401

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

US

Zip

Country

US

33431

12022005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0670746

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

CASANOVA, DANIEL
10570 SW 56TH TERRACE
MIAMI, FL 33173

Name
HCRM Corp.

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

2200 NW Corporate Blvd. 401

City Boca Raton

FL

Zip Code 33431

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 reconstituting)

DATE

12/2/05

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUPREY, LAWRENCE A 10570 SW 56 TERRACE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASANOVA, LAZARA 11535 SW 185 ST. MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER DUPREY, LAWRENCE A. 2200 NW Corporate Blvd., 401 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER CASANOVA, DANIEL 10570 SW 56th Terrace Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

900061948659

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:

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

Daniel Casanova, Manager

Date

12/2/05 (561)997-9223

Daytime Phone #

L02000008306

FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12-06-05

NAME: LACAS, LLC

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