## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Sep 13, 2006 8:00 am DOCUMENT # L02000011551 Secretary of State 1. Entity Name 09-13-2006 90046 010 \*\*\*\*50.00 101 CASA BENDITA LLC Principal Place of Business Mailing Address 59 ELM ST. 59 ELM ST. NEW HAVEN CT 06510 NEW HAVEN CT 06510 2. Principal Place of Business 3. Mailing Address 250 ROYAL PALM WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) SUITE 300 4. FEI Number Applied For City & State City & State 01-0693459 Paim BEACH Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired 33480 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, LESLIE R 214 BRAZILIAN AVE., STE. 200 PALM BEACH FL 33480 Street Address (P.O. Box Number is Not Acceptable) 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 regiused when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM RTLE Delete BILE ☐ Change ☐ Addition MATTHEWS, ROBERT V NAME NAME 59 ELM ST STREET ADDRESS STREET ADDRESS NEW HAVEN CT 06510 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY - ST - ZIP CITY-S1-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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

**FILED** 

561-659-2232