

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90086 033 ***138.75

DOCUMENT # L02000013414

1. Entity Name
HIGHLAND CASSIDY, LLC



Principal Place of Business
250 AVE K SW
SUITE 103
WINTER HAVEN, FL 33880

Mailing Address
250 AVE K SW
SUITE 103
WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
01-0710974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, ALBERT B
250 AVE K SW
SUITE 103
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HIGHLAND EQUITIES, INC.
3020 S FLORIDA AVE STE 101
LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASSIDY PROPERTIES, INC.
250 AVE K SW SUITE 103
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #