

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-15-2003 90017 005 \*\*\*\*50.00

**DOCUMENT # L02000019023**

1. Entity Name  
**KASSING INVESTMENTS, LLC**



Principal Place of Business  
**3801 NE 28TH AVENUE  
LIGHTHOUSE POINT FL 33064**

Mailing Address  
**3801 NE 28TH AVENUE  
LIGHTHOUSE POINT FL 33064**

**55052029**

2. Principal Place of Business  
**3811 NE 28TH AVENUE**

3. Mailing Address  
**3811 NE 28TH AVE**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**LIGHTHOUSE POINT, FL**

Zip  
**33064**

Country  
**USA**

4. FEI Number  
**51-0424198**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KASSING, JOHN  
3801 NE 28TH AVENUE  
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

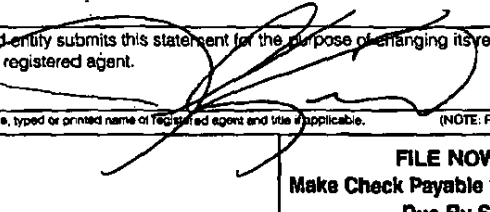
Name  
**JOHN KASSING**

Street Address (P.O. Box Number is Not Acceptable)  
**3811 NE 28TH AVENUE**

City  
**LIGHTHOUSE POINT, FL**

Zip Code  
**33064**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **7-7-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>President</b>	NAME <b>JOHN KASSING</b>	STREET ADDRESS <b>3811 NE 28TH AVE</b>	CITY-ST-ZIP <b>LIGHTHOUSE POINT, FL 33064</b>	<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	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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

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**

DATE **7-7-03** DAYTIME PHONE # **954-946-7665**

CP2E083 (4/03)