

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 042 \*\*\*\*50.00

**DOCUMENT # L03000009609**

1. Entity Name  
**CASSELSQUARE LLC**



Principal Place of Business

20131 POWERLINE ROAD, SUITE 312  
BOCA RATON, FL 33433

Mailing Address

~~20131 POWERLINE ROAD, SUITE 312~~  
~~BOCA RATON, FL 33433~~

P.O. Box  
Knoxville, TN 37939



**DO NOT WRITE IN THIS SPACE**

02012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
41-2085447

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHAPIRO, MICHAEL B  
7777 GLADES ROAD, SUITE 200  
SHAPIRO, BLASI & WASSERMAN, P.A.  
BOCA RATON, FL 33434

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME LEVIN, STEVEN  
STREET ADDRESS 20131 POWERLINE ROAD, SUITE 312  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE MGRM  
NAME RUSH, ALVIN  
STREET ADDRESS 1 BARSTROW ROAD  
CITY-ST-ZIP GREAT NECK, NY 11021

TITLE MGRM  
NAME LEVIN, STEVEN TRUSTEE  
STREET ADDRESS 20131 POWERLINE ROAD, SUITE 312  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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, OR AUTHORIZED REPRESENTATIVE

Steven Levin, Managing Member

Date

3/21/05

Daytime Phone #