

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # L03000009609

1. Entity Name
CASSELSQUARE LLC



Principal Place of Business
**925 S FED HWY STE 425
BOCA RATON, FL 33432**

Mailing Address
**P.O. BOX 11229
KNOXVILLE, TN 37839**



02062007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 RD STE 400
SHAPIRO BLASI WASSERMAN & GORA PA
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEVIN, STEVEN
STREET ADDRESS	925 S FED HWY STE 425
CITY- ST- ZIP	BOCA RATON, FL 33432
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	925 S FED HWY STE 425
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/06/07-80061-003 50.00

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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:

Steven Levin, Managing Member 2/14/07 (561) 948-7100

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

Date

Daytime Phone #