2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000012223

1. Entity Name
POCO CASA LLC

Principal Place of Business	Mailing Address
6815 HIBISCUS LANE	6815 HIBISCUS LANE
FORT MYERS, FL 33919 US	FORT MYERS, FL 33919 US

02162008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-0708863	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, DARREL D
6815 HIBISCUS LANE
FORT MYERS, FL 33919

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

U00000838947
03/05/08-80051-004 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ADAMS, DARREL D
STREET ADDRESS	6815 HIBISCUS LANE
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	MGRM
NAME	LIEZE, CHUCK D JR.
STREET ADDRESS	6815 HIBISCUS LANE
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-S1-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _DARREL ADAMS_   2/17/08   239.939.6264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #