2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000028336

Entity Name
CASU, LLC



US

FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

675 ASTARIAS CIRCLE FORT MYERS, FL 33919

US

675 ASTARIAS CIRCLE FORT MYERS, FL 33919

02252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, SUSAN 675 ASTARIAS CIRCLE FORT MYERS, FL 33919

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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 familia	r 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

U00000888930 04/22/08-80031-013 138,75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BEERS, CAROL L NAME **675 ASTARIAS CIRCLE** STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 MGRM TITLE NAME CRAIG, SUSAN L STREET ADDRESS **675 ASTARIAS CIRCLE** CITY-ST-ZIP FORT MYERS, FL 33919 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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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.

CICHATURE.

Beers

4/8/09