

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028336

Entity Name: CASU, LLC

**FILED  
Mar 26, 2012  
Secretary of State**

**Current Principal Place of Business:**

675 ASTARIAS CIRCLE  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

675 ASTARIAS CIRCLE  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 20-1000495      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRAIG, SUSAN L  
675 ASTARIAS CIRCLE  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BEERS, CAROL L  
Address: 675 ASTARIAS CIRCLE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM  
Name: CRAIG, SUSAN L  
Address: 675 ASTARIAS CIRCLE  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN L. CRAIG

MGRM

03/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date