

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083799

FILED
Mar 22, 2009
Secretary of State

Entity Name: CASALE, LLC

Current Principal Place of Business:

8143 LOWBANK DRIVE
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 770052
NAPLES, FL 34107 US

New Mailing Address:

FEI Number: 20-2200065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASALE, PETER G
8143 LOWBANK DRIVE
NAPLES, FL 34109 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: M () Delete
Name: CASALE, PETER G
Address: 8143 LOWBANK DRIVE
City-St-Zip: NAPLES, FL 34109

Title: M () Delete
Name: CASALE, CATHERINE D
Address: 8143 LOWBANK DRIVE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASALE, PETER G
Address: 8143 LOWBANK DRIVE
City-St-Zip: NAPLES, FL 34109

Title: MGR (X) Change () Addition
Name: CASALE, CATHERINE D
Address: 8143 LOWBANK DRIVE
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER G. CASALE

MGR

03/22/2009

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