


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000087950		
1. Entity Name CASSA LLC		

Principal Place of Business 1767 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426 US	Mailing Address 1767 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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09202007 REIN-LLC CR2E101 (1/07)

4. FEI Number 41-2160949	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AMBRIDGE, KATHLEIN H 1767 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Kathleen H. Ambidge</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>9/18/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMBRIDGE, KATHLEIN H 1767 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600109900046 09/25/07--01042--027 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Kathleen H. Ambidge</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>9/18/07</i> <i>561-369-1654</i> <small>Page Daytime Phone #</small>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT