

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010696

**FILED  
Jan 09, 2008  
Secretary of State**

**Entity Name:** TOM CASSELL & ASSOCIATES LLC

**Current Principal Place of Business:**

4411 BEE RIDGE ROAD #450  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4411 BEE RIDGE ROAD #450  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 20-2923124      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CASSELL, THOMAS S  
6217 YELLOW WOOD PLACE  
SARASOTA, FL 34241 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:** MGR      ( ) Delete  
**Name:** CASSELL, THOMAS S  
**Address:** 4411 BEE RIDGE ROAD #450  
**City-St-Zip:** SARASOTA, FL 34233

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: THOMAS S CASSELL      MGR      01/09/2008

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