

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010696

**FILED
Jan 15, 2009
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 01/15/2009

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