## DOCUMENT # L05000020611

1. Entity Name CASA MARINA ESTATES, LLC



**Jun 05** Seci

Principal Place of Business

1421 1ST STREET KEY WEST, FL. 33040 US

Mailing Address

1421 1ST STREET KEY WEST, FL 33040 US



05292007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number		Applied For
20-2544699		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CLEGHORN, JOSEPH D JR. 1421 1ST STREET KEY WEST, FL 33040

SIGNATURE:

SIGNATURE AND TYPED OR

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	.	pir, if the State of Plorida. Tam latimas with, and accopt
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fil Due l	ing Fee is \$50.00 by September 14, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEGHORN, JOSEPH D JR. 1421 1ST STREET KEY WEST, FL 33040	4 1 1 14	U00000765929
TITLE NAME STREET ADDRESS CITY-ST-ZIP			06/05/07-80003-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		' · · · · IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 1 hall have the same legal effect as if made under coute this report as required by Chapter 608, Floric	19, Florida Statutes. I further certify that the information bath; that I am a managing member or manager of the da Statutes.

IEMBER, OR AUTHORIZED REPRESENTATIVE