

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000064613

1. Entity Name
CASSAL HOLDINGS, LLC



Principal Place of Business
**5441 PILOTS PLACE
NEW PORT RICHEY, FL 34652**

Mailing Address
**P.O. BOX 1308
ELFERS, FL 34680**



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3072357

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNG-STIMSON, ATHENA M
5441 PILOTS PLACE
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000757132
05/23/07-80059-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
YOUNG-STIMSON, ATHENA M
P.O. BOX 1308
ELFERS, FL 34680**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STIMSON, STEPHEN S
P.O. BOX 1308
ELFERS, FL 34680**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREENE, ANGELICA F
3701 WAGGONWHEEL DR.
RICHARDSON, TX 75082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LANGENDORFER, SCOTT D
3701 WAGGONWHEEL DR.
RICHARDSON, TX 75082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PELLICANO, LISA M
2642 JAY'S NEST LANE
HOLIDAY, FL 34691**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PELLICANO, CHRISTOPHER
2642 JAY'S NEST LANE
HOLIDAY, FL 34691**

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #