

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082571

Entity Name: CASA DEL SWEENEY, LLC

FILED  
Mar 08, 2009  
Secretary of State

**Current Principal Place of Business:**

20 N. HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7497  
DAYTONA BEACH, FL 32116

**New Mailing Address:**

FEI Number: 20-3397955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWEENEY, JAMES M  
2300 S. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 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: PD ( ) Delete  
Name: SWEENEY, JAMES M  
Address: PO BOX 7497  
City-St-Zip: DAYTONA BEACH, FL 32116

Title: S ( ) Delete  
Name: SWEENEY, NATHALIE  
Address: PO BOX 7497  
City-St-Zip: DAYTONA BEACH, FL 32116

**ADDITIONS/CHANGES:**

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

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: JAMES M. SWEENEY

PD

03/08/2009

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