

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 022 ***138.75

DOCUMENT # L05000117720

1. Entity Name
CASLAN DEVELOPMENT, LLC



Principal Place of Business
**5300 W. CYPRESS ST.
SUITE 102
TAMPA, FL 33607**

Mailing Address
**P.O. BOX 24168
TAMPA, FL 33623**

60016279



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 1405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008 Chg-LLC CR2E083 (12/06)

City & State

City & State

LUt2, FL

4. FEI Number

20-4204651

Applied For

Not Applicable

Zip

Country

Zip

Country

33548

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BINGHAM, DAVID M
P.O. BOX 24168
TAMPA, FL 33623** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgr.
Bingham, David m
P.O. Box 1405
LUt2, FL 33548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COPPAGE, MARY CATHERINE
P.O. BOX 24168
TAMPA, FL 33623** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgr.
COPPAGE, MARY CATHERINE
P.O. BOX 1405
LUt2, FL 33548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: Mary Catherine Coppage, Mary Catherine Coppage 3/19/08 813 265-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #