

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90347 034 \*\*\*\*50.00

**DOCUMENT # L06000001584**

1. Entity Name  
**CASUAL ELEGANCE, LLC**



Principal Place of Business  
**7925 SONATA BAY PT.  
LAKE WORTH, FL 33467**

Mailing Address  
**7925 SONATA BAY PT.  
LAKE WORTH, FL 33467**

**60036991**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-4051677**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHWARTZ, HOWARD L  
621 N.W. 53RD. STREET  
SUITE 390  
BOCA RATON, FL 33487**

Name

**ILENE SCHREDNI**

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

**7925 SONATA BAY POINT**

City

**LAKE WORTH**

FL

Zip Code

**33467**

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]*

**(ILENE SCHREDNI)**

**4/12/2007**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCHREDNI, ILENE  
7925 SONATA BAY PT.  
LAKE WORTH, FL 33467** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCHREDNI, SAMUEL  
7925 SONATA BAY PT.  
LAKE WORTH, FL 33467** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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]* **(ILENE SCHREDNI)**

Date

Daytime Phone #