

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001670

FILED
May 20, 2009
Secretary of State

Entity Name: EQUI CAISSE LLC

Current Principal Place of Business:

2021 VAN PELT RD.
SEBRING, FL 33870 US

New Principal Place of Business:

4205 CAPRI ST.
SEBRING, FL 33870 US

Current Mailing Address:

2021 VAN PELT RD.
SEBRING, FL 33870 US

New Mailing Address:

4205 CAPRI ST.
SEBRING, FL 33870 US

FEI Number: 20-4043012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAISSE, LYNN C
2021 VAN PELT RD.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

CAISSE, LYNN C
4205 CAPRI ST.
SEBRING, FL 33872 US

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: LYNN CAISSE

05/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAISSE, DAVID F
Address: 2021 VAN PELT RD.
City-St-Zip: SEBRING, FL 33870 US

Title: MGRM () Delete
Name: CAISSE, LYNN C
Address: 2021 VAN PELT RD
City-St-Zip: SEBRING, FL 33870 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAISSE, DAVID F
Address: 4205 CAPRI ST
City-St-Zip: SEBRING, FL 33872 US

Title: MGRM (X) Change () Addition
Name: CAISSE, LYNN C
Address: 4205 CAPRI ST.
City-St-Zip: SEBRING, FL 33872 US

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: LYNN CAISSE

MM

05/20/2009

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