

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000017498

1. Entity Name
SAN CASA HOLDINGS, LLC



Principal Place of Business

5435 JAEGER ROAD
SUITE 3
NAPLES, FL 34109

Mailing Address

5435 JAEGER ROAD
SUITE 3
NAPLES, FL 34109



03222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4326570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARC F. OATES, P.A.
5515 BRYSON DRIVE
SUITE 502
NAPLES, FL 34109

**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 _____

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

000000831690
04/23/08-80036-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	METCALF, MICHAEL H
STREET ADDRESS	299 MEL JEN DRIVE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGRM
NAME	INTERNATIONAL INVESTMENTS, INC.
STREET ADDRESS	206 INDUSTRIAL DRIVE
CITY-ST-ZIP	GLASGOW, KY 42141
TITLE	MGRM
NAME	BELL, GARY S
STREET ADDRESS	P.O. BOX 122
CITY-ST-ZIP	EDMONTON, KY 42129
TITLE	MGRM
NAME	SHOOP, C. FRANK
STREET ADDRESS	642 GINGERMILL LANE
CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary S. Bell, GARY S. Bell, Member

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

4-7-08

Date

(270) 621-2178

Daytime Phone #