

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000105803

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** CAS, LLC

**Current Principal Place of Business:**

2249 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2249 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 20-5801027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRONAUER, EDWARD  
2249 N INIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 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:** MGRM  
**Name:** EDWARD A. CRONAUER DECLARATION OF TRUST DA  
**Address:** 3010 SORRELL COURT  
**City-St-Zip:** WESTON, FL 33331

**Title:** MGRM  
**Name:** ANGELAKIS, ROTH  
**Address:** 901 SOUTH NORTH LAKE DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33019

**Title:** MGRM  
**Name:** SHERMAN, RICHARD  
**Address:** 1980 S W 73RD AVENUE  
**City-St-Zip:** PLANTATION, FL 33317

I hereby 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:** EDWARD CRONAUER

MGRM

03/18/2010

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