

FILED
Mar 11, 2008 8:00 am
Secretary of State

01-18-2008 90021 036 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

30001795



DOCUMENT # L07000008653			
1. Entity Name CASA, LLC			
Principal Place of Business 9729 N. ARMENIA AVENUE TAMPA, FL 33612		Mailing Address 9729 N. ARMENIA AVENUE TAMPA, FL 33612	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOLCOMB, VICTOR W 201 N. ARMENIA AVENUE TAMPA, FL 33609		Name <u>Casa LLC Bill Sebre</u> Street Address (P.O. Box Number is Not Acceptable) <u>3816 W Linebaugh Ave Suite 114</u> City <u>Tampa</u> FL Zip Code <u>33618</u>	
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 <u>[Signature]</u> Secretary		DATE <u>1/13/08</u>	
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	<u>Treasurer</u> <u>Elizabeth Saavedra</u> <u>812 ALICIA AVE</u> <u>Tampa FL 33604</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice president</u> <u>Daniel F. Traya</u> <u>4705 W. Dunnic Drive</u> <u>Tampa FL 33614</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jesus Caballero</u> <u>9729 N Armenia Ave</u> <u>Tampa FL 33612</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u>		Date <u>1-13-08</u> 813-930-7070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	