

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008653

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: CASA, LLC

**Current Principal Place of Business:**

9729 N. ARMENIA AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

9729 N. ARMENIA AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 20-8334973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEBREE, BILL  
3816 W LINEBAUGH AVE STE 114  
TAMPA, FL 33618 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: T ( ) Delete  
Name: SAAVEDRA, ELIZABETH  
Address: 812 ALICIA AVE  
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete  
Name: TRUYA, DANIEL F  
Address: 4705 W DUNNIE DR  
City-St-Zip: TAMPA, FL 33614

Title: P ( ) Delete  
Name: CABALLERO, JESUS  
Address: 9729 N ARMENIA AVE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: TROYA, DANIEL F  
Address: 4705 W DUNNIE DR  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELIZABETH SAAVEDRA

T

02/24/2009

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