

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000033339

Entity Name: CASPRO LLC

**FILED**  
**Oct 13, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

20 KENYON CT.  
NORWOOD, NJ 07648

**New Principal Place of Business:**

9853 ROCKY BANK DR  
NAPLES, FL 34109

**Current Mailing Address:**

20 KENYON CT.  
NORWOOD, NJ 07648

**New Mailing Address:**

9853 ROCKY BANK DR  
NAPLES, FL 34109

FEI Number: 26-0866439      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:**

PROCACCIO, WANDA  
13 MADEIRA CT  
PALM COAST, FL 32137      US

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

CASTERLINE, ROBERT  
9853 ROCKY BANK DR  
NAPLES, FL 34109      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: ROBERT CASTERLINE

10/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CASTERLINE, ROBERT  
Address: 20 KENYON CT.  
City-St-Zip: NORWOOD, NJ 07648

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: CASTERLINE, ROBERT  
Address: 9853 ROCKY BANK DR  
City-St-Zip: NAPLES, FL 34109

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: ROBERT CASTERLINE

MGR

10/13/2008

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