

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

S08220900040  
7/28/2008-90073-034-\$538.75-\$538.75

<b>DOCUMENT # L07000081023</b>																																																																											
<b>1. Entity Name</b> CASSARENA LLC <span style="margin-left: 50px;">CASSARENA LLC</span>																																																																											
<b>Principal Place of Business</b> 12101 CRESCENT COVE CT WINDERMERE, FL 34786			<b>Mailing Address</b> 12101 CRESCENT COVE CT WINDERMERE, FL 34786																																																																								
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																								
City & State			City & State																																																																								
Zip		Country		Zip																																																																							
Country		Country		Country																																																																							
<b>6. Name and Address of Current Registered Agent</b>  ZITZKA, JOSEPH W JR 215 N EOLA DR ORLANDO, FL 32801				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																																																																							
<b>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.</b>																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																											
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>			Make check payable to Florida Department of State																																																																								
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>																																																																							
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<b>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 606, Florida Statutes.</b>																																																																											
<b>SIGNATURE:</b> <i>[Signature]</i>				Date: 7-14-08																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																											



07132008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For ☐ Not Applicable

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

2008 OCT - 9 P. 2:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED