

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109314

FILED
Jan 15, 2009
Secretary of State

Entity Name: CASITA, LLC

Current Principal Place of Business:

221 NW 14TH AVE.
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100773
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 30-0446978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAHN, JUERGEN
P.OBOX100773
CAPE CORAL, FL 33910 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: MGR () Delete
Name: HAHN, JUERGEN
Address: P OBOX 100773
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR () Delete
Name: FISCHER, ALEXANDRA M
Address: P OBOX 100773
City-St-Zip: CAPE CORAL, FL 33910

Title: S () Delete
Name: HAHN, JUERGEN
Address: PO BOX 100773
City-St-Zip: CAPE CORAL, FL 33910

Title: T () Delete
Name: FISCHER, ALEXANDRA M
Address: PO BOX 100773
City-St-Zip: CAPE CORAL, FL 33910

ADDITIONS/CHANGES:

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

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

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

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: JUERGEN HAHN

MGR

01/15/2009

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