

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126936

Entity Name: CAS DEVELOPMENT LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

8695 BLACK MESA DR  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

8695 BLACK MESA DR  
ORLANDO, FL 32829

**New Mailing Address:**

FEI Number: 26-1623903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete  
Name: ADAMS, MATTHEW  
Address: 8695 BLACK MESA DR  
City-St-Zip: ORLANDO, FL 32829

Title: MGRM ( ) Delete  
Name: LOVATO, RICARDO E  
Address: 6043 LAKE POINT DR  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES:**

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: MATTHEW ADAMS

MGRM

04/15/2009

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