

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075793

Entity Name: CASARELATIVES LLC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

131 SO NEW YORK AVE  
WINTER PARK, FL 32790

**New Principal Place of Business:**

**Current Mailing Address:**

131 SO NEW YORK AVE  
WINTER PARK, FL 32790

**New Mailing Address:**

FEI Number: 26-3275691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BECKETT, WILLIAM A  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 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  
Name: MANDELL, LESTER N TRUSTEE  
Address: 131 SO. NEW YORK AVENUE  
City-St-Zip: WINTER PARK, FL 32790 US

Title: MGRM  
Name: MANDELL, ROBERT A TRUSTEE  
Address: 131 SO. NEW YORK AVENUE  
City-St-Zip: WINTER PARK, FL 32790 US

Title: MGRM  
Name: LOWNDES, JOHN F  
Address: 215 NORTH EOLA DRIVE  
City-St-Zip: ORLANDO, FL 32801 US

I hereby 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: JOHN F. LOWNDES

MGRM

02/09/2012

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