

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103266

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** CASON PI LLC

**Current Principal Place of Business:**

1925 WESTMINSTER CIR  
# 4  
VERO BEACH, FL 32966

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 890411  
VERO BEACH, FL 32969

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELMONT, MICHELE ESQ  
8695 COLLEGE PKWY  
STE 1112  
FT MYERS, FL 33919 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: CASON, DOUGLAS  
Address: P O BOX 890411  
City-St-Zip: VERO BEACH, FL 32969

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: DOUGLAS CASON

MGRM

02/28/2011

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