

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000058257

**Entity Name:** CASCAR UNLIMITED, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

418 CROFTON DRIVE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1286  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 45-1581979      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PETROSKI, CARRIER  
418 CROFTON DRIVE  
OCOEE, FL 34761 US

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

PETROSKI, CARRIE A  
418 CROFTON DRIVE  
OCOEE, FL 34761 US

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: CARRIE A PETROSKI

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CASPERSON, LAWRENCE  
Address: 418 CROFTON DRIVE  
City-St-Zip: OCOEE, FL 34761

Title: MGRM  
Name: PETROSKI, CARRIE  
Address: 418 CROFTON DRIVE  
City-St-Zip: OCOEE, FL 34761

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: CARRIE A PETROSKI

MGRM

04/25/2012

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