

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000114010

Entity Name: CASEWORK SPECIALTIES LLC

**FILED**  
**Oct 05, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

5434 CENTRAL FLORIDA PARKWAY  
180  
ORLANDO, FL 32821 US

## **New Principal Place of Business:**

10141 MASON DIXON CIR.  
FLORIDA, FL 32821 US

## **Current Mailing Address:**

5434 CENTRAL FLORIDA PARKWAY  
180  
ORLANDO, FL 32821 US

## **New Mailing Address:**

10141 MASON DIXON CIR.  
FLORIDA, FL 32821 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STROBL, BRIAN  
5434 CENTRAL FLORIDA PARKWAY  
180  
ORLANDO, FL 32821 US

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

STROBL, BRIAN M MR  
10141 MASON DIXON CIR.  
ORLANDO, FL 32821 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: BRIAN STROBL

10/05/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: STROBL, BRIAN M MR  
Address: 10141 MASON DIXON CIR.  
City-St-Zip: FLORIDA, FL 32821 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: BRIAN STROBL

PRES

10/05/2013

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