

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000001377

1. Entity Name
CASS STREET, L.C.



Principal Place of Business
1214 CASS STREET
TAMPA, FL 33606

Mailing Address
1214 CASS STREET
TAMPA, FL 33606



01172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3484575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDELSON, FRED M
1214 CASS STREET
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------|
| TITLE | MGRM |
| NAME | MEDELSON, FRED M |
| STREET ADDRESS | 1214 CASS STREET |
| CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE | MGRM |
| NAME | MEDELSON, PHILLIP |
| STREET ADDRESS | 1214 CASS STREET |
| CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/21/07-80069-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-19-07

Date

(813) 621-0058

Daytime Phone #