2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12,.2004 08:00 AM
Secretary of State

DOCUMENT # M03000002650

1. Entity Name
S.A. CASEY COMPANY, LLC

Principal Place of Business	Mailing Address
121 EDWARDS DRIVE JACKSON, TN 38301	121 EDWARDS DRIVE JACKSON, TN 38301

03032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. *FEI Number*
20-0083845
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, TERRY
11830 BERNARD CT
BONITA SPRINGS, FL 34135-6003

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000086191
03/12/04-80013-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMPBELL, JAMES III
STREET ADDRESS	50 SECURITY DRIVE
CITY-ST-ZIP	JACKSON, TN 38305
TITLE	MGRM
NAME	FARRIS, MIKE
STREET ADDRESS	50 SECURITY DRIVE
CITY-ST-ZIP	JACKSON, TN 38305
TITLE	MGRM
NAME	CASEY, STANLEY
STREET ADDRESS	121 EDWARDS DRIVE
CITY-ST-ZIP	JACKSON, TN 38301
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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11. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael A Farris 3/3/04 731-664-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #