

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90165 035 *****50.00

DOCUMENT # M06000003474

1. Entity Name

CASA CASUARINA, LLC

Principal Place of Business

4300 SIX FORKS ROAD, SUITE 900
RALEIGH NC 27609

Mailing Address

4300 SIX FORKS ROAD, SUITE 900
RALEIGH NC 27609

00043410

2. Principal Place of Business

9660 Falls of Neuse Rd.

Suite, Apt. #, etc.

Suite 138, PMB 125

City & State

Raleigh, NC

Zip

27615

Country

Wake

3. Mailing Address

9660 Falls of Neuse Rd.

Suite, Apt. #, etc.

Suite 138, PMB 125

City & State

Raleigh, NC

Zip

27615

Country

Wake

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4386310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LOFTIN, PETER T
STREET ADDRESS 4300 SIX FORKS ROAD, SUITE 900
CITY-ST-ZIP RALEIGH NC 27609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 9660 Falls of Neuse Rd., Ste. 138, PMB 125
CITY-ST-ZIP Raleigh, NC 27615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

Peter T. Loftin 3/8/02 919-863-7008

CR2E083 (9/01)