

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001033

Entity Name: CASENEX, LLC

FILED  
May 01, 2012  
Secretary of State

**Current Principal Place of Business:**

105 WEST MAIN  
SUITE 3  
CHARLOTTESVILLE, VA 22902

**New Principal Place of Business:**

**Current Mailing Address:**

105 WEST MAIN  
SUITE 3  
CHARLOTTESVILLE, VA 22902

**New Mailing Address:**

FEI Number: 54-2016443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GARTLAND, MARSHA  
Address: 105 WEST MAIN, SUITE 3  
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: MGR  
Name: HOLLOWAY, GARY  
Address: 105 WEST MAIN, SUITE 3  
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: MGR  
Name: MISTON, RAY H  
Address: 105 WEST MAIN, SUITE 3  
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: MGR  
Name: MCNERGNEY, BOB  
Address: 105 WEST MAIN, SUITE 3  
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: MGR  
Name: NEWMAN, LACY  
Address: 105 WEST MAIN, SUITE 3  
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: MGR  
Name: BENCIVENGA, PETER  
Address: 105 WEST MAIN, SUITE 3  
City-St-Zip: CHARLOTTESVILLE, VA 22902

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: ANNA SHEARER

MS.

05/01/2012

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