

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018574

**Entity Name:** CASLOW & ASSOCIATES, LLC

**Current Principal Place of Business:**

165 MONTGOMERY RD., SUITE 1000  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

165 MONTGOMERY RD., SUITE 1000  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 26-4450780

**Certificate of Status Desired:** No

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

CASLOW, SHARON  
1067 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 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:** SHARON CASLOW

04/29/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SHARON CASLOW CPA PA  
Address 1067 BLACK ACRE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON CASLOW

MMGR

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date