

2014 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

04/28/2014

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON CASLOW

MANAGING MEMBER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date