

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000042357

Entity Name: 465 CASE, LLC

Current Principal Place of Business:

465 CASE ROAD
LABELLE, FL 33935

Current Mailing Address:

POST OFFICE BOX 3035
LABELLE, FL 33935

FEI Number: 58-9838957

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACEVEDO, FATIMA
465 CASE ROAD
LABELLE, FL 33935 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name ACEVEDO, FATIMA
Address 465 CASE ROAD
City-State-Zip: LABELLE FL 33935

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: FATIMA ACEVEDO

MGR

04/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date