

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000175096

**Entity Name:** 1200 CAS LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BLVD #1001  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 22161  
TAMPA, FL 33622 US

**FEI Number:** 86-3448365

**Certificate of Status Desired:** Yes

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

CASWELL, MONICA  
1200 PONCE DE LEON BLVD #1001  
CORAL GABLES, FL 33134 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:** MONICA CASWELL

01/23/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASWELL, MONICA  
Address 1200 PONCE DE LEON BLVD #1001  
City-State-Zip: CORAL GABLES FL 33134

*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:** MONICA CASWELL

PRESIDENT

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date