

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020264

**Entity Name:** CASA TROPICAL, LLC

**Current Principal Place of Business:**

2110 SW 44TH TERRACE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

64 LOOKOUT MOUNTAIN CIRCLE  
GOLDEN, CO 80401

**FEI Number:** 20-0917179

**Certificate of Status Desired:** No

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

ROBERTS, PATRICIA  
2110 SW 44TH TERRACE  
CAPE CORAL, FL 33914 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 MGRM  
Name ROBERTS, PATRICIA  
Address 2110 SOUTHWEST 44TH TERRACE  
City-State-Zip: CAPE CORAL FL 33914

*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:** PATRICIA B ROBERTS

MGRM

02/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date