

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054987

**Entity Name:** CASCAIS 25, L.L.C.

**Current Principal Place of Business:**

11521 NW 68 TERRACE  
DORAL, FL 33178

**Current Mailing Address:**

11521 NW 68 TERRACE  
DORAL, FL 33178 US

**FEI Number:** 51-0546015

**Certificate of Status Desired:** No

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

BP STRATEGIC SOLUTIONS, LLC  
11100 NW 72 TER  
DORAL, FL 33178 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:** BUM PARK

03/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |                 |                           |
|-----------------|------------------------------|-----------------|---------------------------|
| Title           | AMBR                         | Title           | AMGR                      |
| Name            | DA ROCHA, MANUEL             | Name            | DA ROCHA MUCHAGATO, OSCAR |
| Address         | 11521 NW 68 TERRACE          | Address         | 11521 NW 68 TERRACE       |
| City-State-Zip: | DORAL FL 33178               | City-State-Zip: | DORAL FL 33178            |
|                 |                              |                 |                           |
| Title           | AMBR                         |                 |                           |
| Name            | DA ROCHA MUCHAGATO, JENNIFER |                 |                           |
| Address         | 11521 NW 68 TERRACE          |                 |                           |
| City-State-Zip: | DORAL FL 33178               |                 |                           |

*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:** DA ROCHA , MANUEL

AMBR

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date