

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096252

Entity Name: CASERINVERSIONES, LLC**Current Principal Place of Business:**1518 OUTRIGGER CIRCLE
ROCKLEDGE, FL 32955**Current Mailing Address:**1518 OUTRIGGER CIRCLE
ROCKLEDGE, FL 32955 US**FEI Number:** 20-3563338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUENAVENTURA, ORLANDO
1518 OUTRIGGER CIRCLE
ROCKLEDGE, FL 32955 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:** ORLANDO BUENAVENTURA

03/19/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name BUENAVENTURA, ORLANDO
Address 1518 OUTRIGGER CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title AUTHORIZED MEMBER
Name MARQUEZ, MARIA A
Address 1518 OUTRIGGER CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title AUTHORIZED MEMBER
Name BUENAVENTURA, SERGIO
Address 1518 OUTRIGGER CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title AUTHORIZED MEMBER
Name BUENAVENTURA, CAMILA
Address 1518 OUTRIGGER CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

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: ORLANDO BUENAVENTURA

AUTHORIZED MEMBER

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date