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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: LUIS MARIA CASIN

Electronic Signature of Signing Authorized Person(s) Detail

L12000151325

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CASIN CONSULTING LLC

Current Principal Place of Business:

1100 BRICKELL AVE SUITE 800 MIAMI, FL 33131

Current Mailing Address:

1100 BRICKELL AVE SUITE 800 MIAMI, FL 33131 US

FEI Number: 42-1773990

Name and Address of Current Registered Agent:

CASIN, LUIS M 1100 BRICKELL AVE SUITE 800 MIAMI, FL 33131 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	LUIS M CASIN			04/23/2013
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	CASIN, LUIS MARIA	Name	SALCEDO, SILVANA	
Address	1100 BRICKELL AVE SUITE 800	Address	1100 BRICKELL AVE SUITE 800	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	

Certificate of Status Desired: No

04/23/2013

FILED Apr 23, 2013 Secretary of State CC2830599974

Date