

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000020508

**Entity Name:** CASA KARMA LLC

**Current Principal Place of Business:**

8000 HEALTH CENTER BLVD., SUITE 300  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

8000 HEALTH CENTER BLVD., SUITE 300  
BONITA SPRINGS, FL 34135

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CLASP, INC  
3001 TAMIAMI TRAIL NORTH, SUITE 400  
NAPLES, FL 34103 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 MGR  
Name DAREHSHORI, GEORGIA A  
Address 2330 PALM RIDGE DRIVE, PMB 155  
City-State-Zip: SANIBEL FL 33957

*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:** DAREHSHORI, GEORGIA A

**MANAGER**

**06/30/2020**

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

\_\_\_\_\_ Date