

2016 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: GEORGIA A. DAREHSHORI

MGR

04/12/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date