

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000021601

**Entity Name:** CASMIVA, LLC

**Current Principal Place of Business:**

2295 S HIAWASSEE RD SUITE 407C  
ORLANDO, FL 32835

**Current Mailing Address:**

14447 BLUEBIRD PARK RD  
WINDERMERE, FL 34786 US

**FEI Number:** 47-3012018

**Certificate of Status Desired:** Yes

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

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC  
2295 S HIAWASSEE RD SUITE 407F  
ORLANDO, FL 32835 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 BUZETTI MILANO, JERONIMO  
Address RUA ANGELO CUNICO 600  
HOUSE #31  
City-State-Zip: CURITIBA 82220-350

Title MGR  
Name MOREIRA CASTILHO, WILLIAM  
Address RUA ANGELO CUNICO 600  
HOUSE #31  
City-State-Zip: CURITIBA 82220-350

Title MGR  
Name VANZO, LUIZ FERNANDO  
Address RUA ANGELO CUNICO 600  
HOUSE #31  
City-State-Zip: CURITIBA 82220-350

*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:** WILLIAM MOREIRA CASTILHO

MR

04/02/2018

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

\_\_\_\_\_  
Date