

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000040189

Entity Name: CASUJOAL LLC

Current Principal Place of Business:

3800 GALT OCEAN DR.
204
FORT LAUDERDALE, FL 33308

Current Mailing Address:

PO BOX 480383
FORT LAUDERDALE, FL 33348 US

FEI Number: 32-0460192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX & ACCOUNTING SOLUTIONS
616 ATLANTIC SHORES BLVD
C
HALLANDALE, FL 33009 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: CARLOS GONZALEZ

01/26/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name SZWARC, JUAN
Address PO BOX 480383
City-State-Zip: FORT LAUDERDALE FL 33348

Title AUTHORIZED MEMBER
Name SANDMAN, LIDIA
Address PO BOX 480383
City-State-Zip: FORT LAUDERDALE FL 33348

Title AUTHORIZED MEMBER
Name SZWARC SANDMAN, ALBERTO
Address PO BOX 480383
City-State-Zip: FORT LAUDERDALE FL 33348

Title AUTHORIZED MEMBER
Name SZWARC SANDMAN, CARLOS
Address PO BOX 480383
City-State-Zip: FORT LAUDERDALE FL 33348

Title AUTHORIZED MEMBER
Name SZWARC SANDMAN, JORGE
Address PO BOX 480383
City-State-Zip: FORT LAUDERDALE FL 33348

Title AUTHORIZED MEMBER
Name SZWARC SANDMAN, SUSANA
Address PO BOX 480383
City-State-Zip: FORT LAUDERDALE FL 33348

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: JUAN SZWARC

MEMBER

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date