

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000066694

**Entity Name:** CASAMYE, LLC

**Current Principal Place of Business:**

1501 VENERA AVE  
SUITE 325  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P.O. BOX 561716  
MIAMI, FL 33256 US

**FEI Number:** 82-1005263

**Certificate of Status Desired:** No

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

MICHAEL BLANCO CPA PA INC.  
1501 VENERA AVE  
SUITE 325  
CORAL GABLES, FL 33146 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:** SOFIA BLANCO

05/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR	Title	MBR
Name	HERNANDEZ GUEDEZ, EVELIO D JESUS	Name	ACOSTA, MARIELYS REBECA
Address	P.O. BOX 561716	Address	P.O. BOX 561716
City-State-Zip:	MIAMI FL 33256	City-State-Zip:	MIAMI FL 33256
Title	MBR	Title	MGR
Name	HERNANDEZ GUEDEZ, EDDA ELIANA	Name	BLANCO, SOFIA
Address	P.O. BOX 561716	Address	P.O. BOX 561716
City-State-Zip:	MIAMI FL 33256	City-State-Zip:	MIAMI FL 33256
Title	MANAGER		
Name	DEL RIO, JUAN GONZALO		
Address	P.O. BOX 561716		
City-State-Zip:	MIAMI FL 33256		

Title	MBR
Name	ACOSTA, MARIELYS REBECA
Address	P.O. BOX 561716
City-State-Zip:	MIAMI FL 33256
Title	MGR
Name	BLANCO, SOFIA
Address	P.O. BOX 561716
City-State-Zip:	MIAMI FL 33256

*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:** SOFIA BLANCO

MGR

05/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date