

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000066694

**Entity Name:** CASAMYE, LLC

**Current Principal Place of Business:**

8360 WEST FLAGLER STREET  
201  
MIAMI, FL 33144

**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 & CO., LLC  
8360 WEST FLAGLER STREET  
SUITE 201  
MIAMI, FL 33144 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	MBR
Name	HERNANDEZ GUEDEZ, EVELIO D JESUS
Address	P.O. BOX 561716
City-State-Zip:	MIAMI FL 33256
Title	MBR
Name	HERNANDEZ GUEDEZ, EDDA ELIANA
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

**MANAGER**

**04/30/2021**

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

\_\_\_\_\_  
Date