

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000066694

**Entity Name:** CASAMYE, LLC

**Current Principal Place of Business:**

6340 MARLIN DRIVE  
CORAL GABLES, FL 33158

**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 200  
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 6340 MARLIN DR  
City-State-Zip: CORAL GABLES FL 33158

Title MBR  
Name ACOSTA, MARIELYS REBECA  
Address 6340 MARLIN DRIVE  
City-State-Zip: CORAL GABLES FL 33158

Title MBR  
Name HERNANDEZ GUEDEZ, EDDA ELIANA  
Address 6340 MARLIN DRIVE  
City-State-Zip: CORAL GABLES FL 33158

Title MGR  
Name BLANCO, SOFIA  
Address 6340 MARLIN DRIVE  
City-State-Zip: CORAL GABLES FL 33158

*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

02/23/2020

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

\_\_\_\_\_  
Date