

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000157020

**Entity Name:** CASA WEST LLC**Current Principal Place of Business:**251 VALENCIA AVENUE  
#1205  
CORAL GABLES, FL 33134**Current Mailing Address:**251 VALENCIA AVENUE  
#1205  
CORAL GABLES, FL 33134**FEI Number:** 84-2386955**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAUN, ANA L  
8150 SW 89 CT  
MIAMI, FL 33173 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 DUARTE, LUIS M  
Address 2401 COLLINS AVENUE #701  
City-State-Zip: MIAMI BEACH FL 33140Title AMBR  
Name DUARTE, MARIA C  
Address 1427 ORTEGA AVE  
City-State-Zip: CORAL GABLES FL 33134Title AMBR  
Name DUARTE, LUIS R  
Address 5950 SW 83 STREET  
City-State-Zip: MIAMI FL 33143Title AMBR  
Name ZAUN, ANA L  
Address 8150 SW 89 CT  
City-State-Zip: MIAMI FL 33173Title AMBR  
Name DUARTE, ANA M  
Address 124 ORQUIDEA AVE  
City-State-Zip: CORAL GABLES FL 33143

*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:** LUIS DUARTE

MGR

05/01/2020

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