

2021 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 M DUARTE

MGR

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date