

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000295921

Entity Name: CASAYA USA LLC**Current Principal Place of Business:**1955 NW 184TH WAY
PEMBROKE PINES, FL 33029**Current Mailing Address:**1955 NW 184TH WAY
PEMBROKE PINES, FL 33029 US**FEI Number:** 61-2000239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRUJILLO, JORGE I
1955 NW 184TH WAY
PEMBROKE PINES, FL 33029 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 TRUJILLO, JORGE I
Address 1955 NW 184TH WAY
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR
Name HENAO MARTINEZ, CARLOS A
Address CRA. 52A #47-01 OFF. 817 EDIF.
PICHINCHA
City-State-Zip: MEDELLIN AN ANTIO-QUIA

Title AP
Name RESTREPO, ALFREDO A
Address CRA. 52A #47-01 OFF. 817 EDIF.
PICHINCHA
City-State-Zip: MEDELLIN AN ANTIO-QUIA

Title AMBR
Name TRUJILLO ARANGO, CAROLINA
Address CRA. 52A #47-01 OFF. 817 EDIF.
PICHINCHA
City-State-Zip: MEDELLIN AN ANTIO-QUIA

Title AP
Name RESTREPO, SAUL H
Address CRA. 52A #47-01 OFF. 817 EDIF.
PICHINCHA
City-State-Zip: MEDELLIN AN ANTIO-QUIA

Title AP
Name HENAO MARTINEZ, JUAN G
Address CRA. 52A #47-01 OFF. 817 EDIF.
PICHINCHA
City-State-Zip: MEDELLIN AN ANTIO-QUIA

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: JORGE TRUJILLO**MANAGER****03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date