


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90118 023 ***138.75

DOCUMENT # L02000017105	
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1. Entity Name
CASA DEL MAR, LLC

Principal Place of Business 4135 LAGUNA STREET, SUITE B CORAL GABLES, FL 33146	Mailing Address 4135 LAGUNA STREET, SUITE B CORAL GABLES, FL 33146
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600002604



2. Principal Place of Business - No P.O. Box # 18001 OLD CUTLER ROAD	3. Mailing Address 18001 OLD CUTLER ROAD
Suite, Apt. #, etc. SUITE 550	Suite, Apt. #, etc. SUITE 550
City & State PALMETTO BAY, FL	City & State PALMETTO BAY, FL
Zip 33157	Country U.S.A.

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOENIGSBERG, JAYEY J ESQ. 1101 BRICKELL AVE. SUITE 800 SOUTH MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATEU, RONEY J 18001 OLD CUTLER RD SUITE 550 PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  MANAGING MGR. 1/18/08 305-233-3304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #