

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040399

Entity Name: CASCO RENTAL, LLC

FILED  
Feb 09, 2011  
Secretary of State

**Current Principal Place of Business:**

3120 NW 16TH TER  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3120 NW 16TH TER  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 20-0326817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: IRIZARRY, ENRIQUE JR.  
Address: 1449 COMMERCE CENTRE PARKWAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PRES  
Name: IRIZARRY, ENRIQUE  
Address: 1449 COMMERCE CENTRE PARKWAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGR  
Name: MARQUEZ, EMILIO  
Address: 1449 COMMERCE CENTRE PARKWAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGR  
Name: MUNOZ, CAMELIA  
Address: 1449 COMMERCE CENTRE PARKWAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGR  
Name: PAVIA, CRISTINA  
Address: 1449 COMMERCE CENTRE PARKWAY  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CAMELIA M MUNOZ

MGR

02/09/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date