

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000050746**

1. Entity Name  
**KASFE HOLDINGS, LLC**



Principal Place of Business  
**2121 PONCE DEL LEON BLVD. 11TH FLOOR  
CORAL GABLES, FL 33134**

Mailing Address  
**2121 PONCE DEL LEON BLVD. 11TH FLOOR  
CORAL GABLES, FL 33134**



05022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0272283**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**URQUIOLA, JOAQUIN R  
2121 PONCE DE LEON BOULEVARD, SUITE 1100  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000950781  
06/04/08-80004-016 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASWALDER, FEDERICO 2121 PONCE DEL LEON BLVD. 11TH FLOOR CORAL GABLES, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASWALDER, ROSELIN H 2121 PONCE DEL LEON BLVD. 11TH FLOOR CORAL GABLES, FL 33134
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #