# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 05, 2009**
**Secretary of State**

DOCUMENT# L05000117099

**Entity Name:** CASS INVERSIONES, LC

**Current Principal Place of Business:**

7202 N.W. 84TH AVE.
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

7202 N.W. 84TH AVE.
MIAMI, FL 33166 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CASSINGENA, FERNANDO S
7202 NW 84TH AVE
MIAMI, FL 33166 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: | MGRM | ( ) Delete |
| Name: | CASSINGENA, FERNANDO S | |
| Address: | 7202 NW 84 AVE | |
| City-St-Zip: | MIAMI, FL 33166 US | |
| Title: | MGRM | ( ) Delete |
| Name: | CASSINGENA, MANUEL E | |
| Address: | AVE. MICHELENA C.C. ARA,NAVE F LOCAL114 | |
| City-St-Zip: | VALENCIA, CA 2001 VE | |
| Title: | MGRM | ( ) Delete |
| Name: | CASSINGENA, EMMANUEL C SR. | |
| Address: | AVE. MICHELENA C.C. ARA,NAVE F LOCAL114 | |
| City-St-Zip: | VALENCIA, CA 2001 VE | |
| Title: | MGRM | ( ) Delete |
| Name: | BAHSAS, TAREK | |
| Address: | AVE. MICHELENA C.C. ARA,NAVE F LOCAL114 | |
| City-St-Zip: | VAELNCIA, CA 2001 VE | |
| Title: | MGRM | ( ) Delete |
| Name: | ROSALES, LUIS A | |
| Address: | AVE. MICHELENA C.C. ARA,NAVE F LOCAL114 | |
| City-St-Zip: | VALENCIA, CA 2001 VE | |
| Title: | MGRM | ( ) Delete |
| Name: | AVILA, RAFAEL E | |
| Address: | AVE. MICHELENA C.C. ARA,NAVE F LOCAL114 | |
| City-St-Zip: | VALENCIA, CA 2001 VE | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FERNANDO CASSINGENA MR 06/05/2009

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