

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 026 \*\*\*\*50.00

**DOCUMENT # L06000010877**

1. Entity Name  
**CASA UNIT 606, LLC**



Principal Place of Business  
**11624 NW 50 TER  
DORAL, FL 33178**

Mailing Address  
**11624 NW 50 TER  
DORAL, FL 33178**

**60036701**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

**20-4232405**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA-OLIVER & MAINIERI, P.A.  
782 N.W. LE JEUNE RD.  
SUITE 447  
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME YOUKHADAR, CESAR  
STREET ADDRESS 11624 NW 50 TER  
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME ARAY, LEVI L  
STREET ADDRESS 11624 NW 50 TER  
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME YOUKHADAR, PARTIZIA  
STREET ADDRESS 11624 NW 50 TER  
CITY-ST-ZIP DORAL, FL 33178

TITLE MGRM ☒ Change ☐ Addition  
NAME YOUKHADAR, PARTIZIA  
STREET ADDRESS 11624 NW 50 TER  
CITY-ST-ZIP DORAL, FL 33178

TITLE MGRM ☐ Delete  
NAME SALMEN, NABY  
STREET ADDRESS 11624 NW 50 TER  
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MORILLO, MARIA R  
STREET ADDRESS 11624 NW 50 TER  
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04/10/07**

**305-496-4429**