

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000070905

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** CCAR ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

435 TIVOLI AVE  
CORAL GABLES, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

435 TIVOLI AVE  
CORAL GABLES, FL 33143 US

**New Mailing Address:**

**FEI Number:** 27-1838709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOMAT, ARMANDO PRES  
435 TIVOLI AVE  
CORAL GABLES, FL 33143 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:** CHOMAT, ARMANDO PRES  
**Address:** 435 TIVOLI AVE  
**City-St-Zip:** CORAL GABLES, FL 33143 US

**Title:** MGR  
**Name:** CRISTINA, CHOMAT VP  
**Address:** 435 TIVOLI AVE  
**City-St-Zip:** CORAL GABLES, FL 33143 US

**Title:** MGR  
**Name:** CHOMAT, ROBERT  
**Address:** 435 TIVOLI AVE  
**City-St-Zip:** CORAL GABLES, FL 33143 US

**Title:** MRG  
**Name:** CHOMAT, CRISTINA JR  
**Address:** 435 TIVOLI AVE  
**City-St-Zip:** CORAL GABLES, FL 33143

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:** ARMANDO CHOMAT

PRES

02/13/2012

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