

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082417

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** CASAMID, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

19501 W COUNTRY DR.  
APT 304  
AVENTURA, FL 33180

**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:**

NEAL S. LITMAN PA  
2900 SW 28TH TERRACE  
2ND FLOOR  
COCONUT GROVE, FL 33133 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: DIR  
Name: SOLA, CARLOS A  
Address: 19380 COLLINS AVE UNIT 1414  
City-St-Zip: SUNNY ISLES, FL 33160 EU

Title: DIR  
Name: DEPAOLI, ANDREA M  
Address: 19380 COLLINS AVE UNIT 1414  
City-St-Zip: SUNNY ISLES, FL 33160 EU

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: CARLOS A SOLA

DIR

02/15/2012

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