

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106605

Entity Name: CAYRECASTEL LLC

**FILED**  
**Jul 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

800 WEST AVE APT 415  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

800 WEST AVE APT 638  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

800 WEST AVE APT 415  
MIAMI BEACH, FL 33139

**New Mailing Address:**

800 WEST AVE APT 638  
MIAMI BEACH, FL 33139

FEI Number: 27-3652447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAVERO, JULIO C ESQ  
815 PONCE DE LON BLVD STE 206  
CORAL GABLES, FL 33134 US

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

CAYRECASTEL, DAMIEN  
800 WEST AVE APT 638  
MIAMI BEACH, FL 33134 US

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: DAMIEN CAYRECASTEL

07/31/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAYRECASTEL, THIERRY  
Address: 08 RUE DES TILLEULS  
City-St-Zip: AUTERIVE FRANCE 31190,

Title: MGR  
Name: CAYRECASTEL, DAMIEN  
Address: 800 WEST AVENUE APT 638  
City-St-Zip: MIAMI BEACH, FL 33139

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: DAMIEN CAYRECASTEL

MGR

07/31/2012

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