

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000053463

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** CASA CONDE & ASSOCIATES LLC

**Current Principal Place of Business:**

1861 NORTH POWERLINE ROAD, SUITE G  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1861 NORTH POWERLINE ROAD, SUITE G  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 45-2112883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

CONDE, CESAR A  
1861 NORTH POWERLINE ROAD, SUITE G  
POMPANO BEACH, FL 33069 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: CESAR CONDE

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CONDE, CESAR A  
Address: 1861 NORTH POWERLINE ROAD, SUITE G  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGR  
Name: VELASQUEZ VASQUEZ, RICARDO JOSE  
Address: 1861 NORTH POWERLINE ROAD, SUITE G  
City-St-Zip: POMPANO BEACH, FL 33069

Title: S  
Name: VELASQUEZ VASQUEZ, RICARDO JOSE  
Address: 1861 NORTH POWERLINE ROAD, SUITE G  
City-St-Zip: POMPANO BEACH, FL 33069

Title: T  
Name: CONDO, CESAR A  
Address: 1861 NORTH POWERLINE ROAD, SUITE G  
City-St-Zip: POMPANO BEACH, FL 33069

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: RICARDO JOSE VELASQUEZ VASQUEZ

MGR

01/20/2012

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