

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079036

Entity Name: CASOLI LLC

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

200 SUNRISE DRIVE  
SUITE B  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

200 SUNRISE DRIVE  
SUITE B  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 45-2758989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTRO OLIVERA, JUAN PRES  
200 SUNRISE DRIVE  
SUITE B  
KEY BISCAYNE, FL 33149 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: MGRM  
Name: CASTRO OLIVERA, JUAN  
Address: 200 SUNRISE DRIVE, STE B  
City-St-Zip: KEY BISCAYNE, FL 33149 FL

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: JUAN CASTRO OLIVERA

MGRM

01/11/2012

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