

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000005709

1. Entity Name

CASCADE CENTRO ASTURIANO LLC



Principal Place of Business

2801 ALASKAN WAY, SUITE 200
SEATTLE, WA 98121

Mailing Address

2801 ALASKAN WAY, SUITE 200
SEATTLE, WA 98121

DO NOT WRITE IN THIS SPACE



07052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1707847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARRELSON, STANLEY J
STREET ADDRESS	2801 ALASKAN WAY, SUITE 200
CITY-ST-ZIP	SEATTLE, WA 98121

TITLE	MGR
NAME	GOODMAN, JOHN A
STREET ADDRESS	2801 ALASKAN WAY, SUITE 200
CITY-ST-ZIP	SEATTLE, WA 98121

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000563499
07/11/06-80030-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Kevin L. Davis Kevin Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07/06/2006 (206) 215-9795

Date

Daytime Phone #