

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049499

**Entity Name:** CASALLE LLC

**Current Principal Place of Business:**

20900 NE 30 TH AVENUE  
SUITE # 1003  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30 TH AVENUE  
SUITE # 1003  
AVENTURA, FL 33180

**FEI Number:** 27-2673004

**Certificate of Status Desired:** No

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

NASH, SALOMON  
20900 NE 30TH AVENUE, STE. 1003  
AVENTURA, FL 33180 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SARANA IRREVOCABLE TRUST FBO RAQUEL NASH U  
Address 21117 N.W. 33RD AVE.  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name CARLOS NASH IRREVOCABLE TRUST FBO SALOMON  
Address 21117 N.W. 33RD AVE.  
City-State-Zip: AVENTURA FL 33180

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALOMON NASH

MGRM

01/19/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date