

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000053463

Entity Name: CASA CONDE & ASSOCIATES LLC

Current Principal Place of Business:

4301 NE 1ST TERRACE
SUITE 3
OAKLAND PARK, FL 33334

Current Mailing Address:

4301 NE 1ST TERRACE
SUITE 3
OAKLAND PARK, FL 33334 US

FEI Number: 45-2112883

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CONDE, CESAR A
4301 NE 1ST TERRACE
SUITE 3
OAKLAND PARK, FL 33334 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 | MGR |
| Name | CONDE, CESAR A |
| Address | 4301 NE 1ST TERRACE SUITE 3 |
| City-State-Zip: | OAKLAND PARK FL 33334 |
| Title | S |
| Name | VELASQUEZ VASQUEZ, RICARDO JOSE |
| Address | 4301 NE 1ST TERRACE SUITE 3 |
| City-State-Zip: | OAKLAND PARK FL 33334 |

| | |
|-----------------|------------------------------------|
| Title | MGR |
| Name | VELASQUEZ VASQUEZ, RICARDO JOSE |
| Address | 4301 NE 1ST TERRACE SUITE 3 |
| City-State-Zip: | OAKLAND PARK FL 33334 |
| Title | T |
| Name | CONDO, CESAR A |
| Address | 4301 NE 1ST TERRACE SUITE 3 |
| City-State-Zip: | OAKLAND PARK FL 33334 |

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: CESAR CONDE

PRESIDENT

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date