

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000053463

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 45-2112883

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

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

*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:** CONDE , CESAR A

MGR

06/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date