## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000079036

Entity Name: CASOLI LLC

**Current Principal Place of Business:** 

1271 SW 15 TERRACE MIAMI, FL 33145

**Current Mailing Address:** 

1271 SW 15 TERRACE MIAMI, FL 33145 US

FEI Number: 45-2758989 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO OLIVERA, JUAN PRES 1271 SW 15 TERRACE MIAMI, FL 33145 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

FILED Apr 03, 2019

**Secretary of State** 

8989612293CC

Authorized Person(s) Detail:

Title MGRM Title AUTHORIZED REPRESENTATIVE

NameCASTRO OLIVERA, JUANNameGRANADOS, AUGUSTOAddress500 SW 19 ROADAddress240 CRANDON BLVDCity-State-Zip:MIAMI FL 33129City-State-Zip:KEY BISCAYNE FL 33149

Title MANAGER

Name ALTER, MARIA VERONICA Address 1271 SW 15 TERRACE

City-State-Zip: MIAMI FL 33145

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: JUAN CASTRO OLIVERA

**MGRM** 

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date