

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000073586

**Entity Name:** CASCADES I, LLC

**Current Principal Place of Business:**

960 NE 95TH STREET  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

960 NE 95TH STREET  
MIAMI SHORES, FL 33138 US

**FEI Number:** 37-1694655

**Certificate of Status Desired:** No

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

WEIMER, PAUL  
960 NE 95TH STREET  
ATTENTION: PAUL WEIMER  
MIAMI SHORES, FL 33138 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 WEIMER, PAUL  
Address ATTENTION: PAUL WEIMER  
960 NE 95TH STREET ATTN: PAUL WEIMER  
City-State-Zip: MIAMI SHORES FL 33138

Title PROPERTY MANAGER  
Name LANG, MINDY MICHELLE PROPERTY MANAGER  
Address ATTENTION: PAUL WEIMER  
100 CASCADE LANE OFFICE  
City-State-Zip: PALM BEACH SHORES FL 33404

Title AMBR  
Name KONSTANTINOV, IRINA  
Address 960 NE 95TH STREET  
ATTENTION: PAUL WEIMER  
City-State-Zip: MIAMI SHORES FL 33138

*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:** MINDY LANG

**PROPERTY MANAGER**

**01/31/2024**

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

\_\_\_\_\_  
Date