**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 01, 2019**
**Secretary of State**
**2370988583CC**

DOCUMENT# L13000025944

**Entity Name:** CASTO/CCM US-BLOOMINGDALE, LLC

**Current Principal Place of Business:**

5391 LAKEWOOD RANCH BLVD., STE. 100
SARASOTA, FL 34240

**Current Mailing Address:**

5391 LAKEWOOD RANCH BLVD., STE. 100
SARASOTA, FL 34240

**FEI Number: 38-3899517**

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 | Title | MGR |
| Name | HUTCHENS, J. BRETT | Name | CASTO, DON M |
| Address | 5391 LAKEWOOD RANCH BLVD., STE. 100 | Address | 250 CIVIC CENTER DR SUITE 500 |
| City-State-Zip: | SARASOTA FL 34240 | City-State-Zip: | COLUMBUS OH 43215 |

| | |
|---|---|
| Title | MANAGER |
| Name | NIKITINE, VADIM A |
| Address | 1730 MASSACHUSETTS AVE NW |
| City-State-Zip: | WASHINGTON DC 20036 |

*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: HUTCHENS , J. BRETT MANAGER 04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date