## **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000028033

Entity Name: CASA 502 LLC

**FILED** Feb 12, 2021 **Secretary of State** 9051683482CC

## **Current Principal Place of Business:**

15970 W STATE RD84

238

SUNRISE, FL 33326

# **Current Mailing Address:**

15970 W. STATE RD84

SUNRISE, FL 33326 US

FEI Number: 46-2108544 Certificate of Status Desired: No

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

RICHARD M. MOGERMAN, P.A. 2 SOUTH UNIVERSITY DR 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

KAHN, OURI Name

15970 W. STATE RD84 Address

238

City-State-Zip: SUNRISE FL 33326

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.

02/12/2021 SIGNATURE: OURI KAHN **MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date