

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000063172

Entity Name: CASIGUAPO LLC

Current Principal Place of Business:

3430 NW 5 AVE
MIAMI, FL 33127

Current Mailing Address:

147 ALHAMBRA CIRCLE
214
CORAL GABLES, FL 33134 US

FEI Number: 46-5580786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LVOFF, MATTHEW M
147 ALHAMBRA CIRCLE
APT 12 214
CORAL GABLES, FL 33134 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 LVOFF, MATTHEW M
Address 3430 NW 5 AVE
City-State-Zip: MIAMI FL 33127

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: MATTHEW LVOFF

MGR

01/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date