

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000149731

**Entity Name:** CASAKO LLC

**Current Principal Place of Business:**

419 W 49TH ST  
SUITE111  
HIALEAH, FL 33012

**Current Mailing Address:**

419 W 49TH ST  
SUITE111  
HIALEAH, FL 33012 US

**FEI Number:** 30-0997195

**Certificate of Status Desired:** No

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

PEREZ, THAMARA  
419 W 49TH ST  
SUITE111  
HIALEAH, FL 33012 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 CASAROTTI, DIEGO  
Address 419 W 49TH ST SUITE111  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name CASAROTTI, THEO  
Address 419 W 49TH ST SUITE111  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name CASAROTTI, GUILLERMO  
Address 419 W 49TH ST SUITE111  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name CASAROTTI, MARCO  
Address 419 W 49TH ST SUITE111  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name COISNE, ANNE S  
Address 419 W 49TH ST SUITE111  
City-State-Zip: HIALEAH FL 33012

*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:** GUILLERMO CASAROTTI

MGR

02/22/2021

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

\_\_\_\_\_  
Date