| DOCUMENT# L17000256100  |  |
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| Entity Name: ENCASA LLC |  |

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

55 MIRACLE MILE, SUITE 200 CORAL GABLES, FL 33134

## **Current Mailing Address:**

55 MIRACLE MILE, SUITE 200 CORAL GABLES, FL 33134

## FEI Number: 30-1041402

## Name and Address of Current Registered Agent:

DUMENIGO LAW LLC 4960 SW 72 AVE # 208 MIAMI, FL 33155 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       | E FEDERICO DUMENIGO                      |                 |                            | 01/31/2023 |
|-----------------|--|-----------------|----------------------------|------------|
|                 | Electronic Signature of Registered Agent |                 |                            | Date       |
| Authorized      | Person(s) Detail :                       |                 |                            |            |
| Title           | MGR                                      | Title           | MGR                        |            |
| Name            | CHAPUR DUARTE, ANDREA                    | Name            | CHAPUR DUARTE, PAOLA       |            |
| Address         | 55 MIRACLE MILE, SUITE 200               | Address         | 55 MIRACLE MILE, SUITE 200 |            |
| City-State-Zip: | CORAL GABLES FL 33134                    | City-State-Zip: | CORAL GABLES FL 33134      |            |

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: ANDREA CHAPUR DUARTE | MGR |  |
|--|---------------------------------|-----|--|
|--|---------------------------------|-----|--|

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

01/31/2023 Date