

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000053112

**Entity Name:** CARIBBEAN KOSHER TOURS, LLC

**Current Principal Place of Business:**

19201 COLLINS AVENUE, UNIT 917  
NORTH MIAMI, FL 33160

**Current Mailing Address:**

19201 COLLINS AVENUE, UNIT 917  
NORTH MIAMI, FL 33160

**FEI Number:** 20-4442012

**Certificate of Status Desired:** No

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

SCHECHTER, RICHARD  
19201 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 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 MGRM  
Name SCHECHTER, SAUL  
Address 19201 COLLINS AVENUE, UNIT 917  
City-State-Zip: NORTH MIAMI FL 33160

*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:** SAUL SCHECHTER

**PRESIDENT**

**03/24/2014**

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

\_\_\_\_\_  
Date