

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014340

Entity Name: SMH - CARIBBEAN, LLC

Current Principal Place of Business:

18710 SW 107 AVE
#32
MIAMI, FL 33157

Current Mailing Address:

18710 SW 107 AVE
#32
MIAMI, FL 33157 US

FEI Number: 47-4796918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENRIQUES LAW + MEDIATION GROUP, P.A.
18710 SW 107 AVE
#32
MIAMI, FL 33157 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: G.O.L. HENRIQUES, ESQ.

04/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------------|-----------------|------------------------------|
| Title | MANAGER | Title | AUTHORIZED MEMBER, TREASURER |
| Name | COLLINS, RAYMOND T | Name | MCDONALD, IRVIN |
| Address | 18710 SW 107 AVE #32 | Address | 18710 SW 107 AVE #32 |
| City-State-Zip: | MIAMI FL 33157 | City-State-Zip: | MIAMI FL 33157 |
| Title | AUTHORIZED REPRESENTATIVE | Title | SECRETARY |
| Name | HENRIQUES, G.O.L. | Name | PILE, KIMBERLY |
| Address | 18710 SW 107 AVE #32 | Address | 18710 SW 107 AVE #32 |
| City-State-Zip: | MIAMI FL 33157 | City-State-Zip: | MIAMI FL 33157 |

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: G.O.L. HENRIQUES

AR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date