

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082990

**Entity Name:** CARIBBEAN SUPER MARKET S.A. L.L.C

**Current Principal Place of Business:**

12002 SW 102ND ST  
MIAMI, FL 33186

**Current Mailing Address:**

12002 SW 102ND ST  
MIAMI, FL 33186

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AL RAYES, NIHAD  
12002 SW 102ND ST  
MIAMI, FL 33186 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	Title	MGR
Name	AL RAYES, NIHAD	Name	AL RAYES, LINDA
Address	12002 SW 102ST	Address	12002 SW 102 ST
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186
Title	MGR	Title	MGR
Name	AL RAYES, GEORGE	Name	AL RAYES, DIANA
Address	12002 SW 102 ST	Address	12002 SW 102 ST
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186
Title	MGR		
Name	AL RAYES, AMIR		
Address	12002 SW 102ND ST		
City-State-Zip:	MIAMI FL 33186		

*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:** LINDA AL RAYES

**MANAGER**

**01/22/2015**

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

\_\_\_\_\_  
Date