

**2021 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
Name	AL RAYES, NIHAD
Address	12002 SW 102ST
City-State-Zip:	MIAMI FL 33186

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

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

Title	MGR
Name	AL RAYES, DIANA
Address	12002 SW 102 ST
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**MANAGING MEMBER****02/02/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date