

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088466

**Entity Name:** CARIBE WORXS INTERNATIONAL, LLC

**Current Principal Place of Business:**

13501 SW 128 STREET  
SUITE 114  
MIAMI, FL 33186

**FILED**  
**Jan 29, 2015**  
**Secretary of State**  
**CC7731142750**

**Current Mailing Address:**

13501 SW 128 STREET  
SUITE 114  
MIAMI, FL 33186 US

**FEI Number: 27-3306924**

**Certificate of Status Desired: Yes**

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

DOUYON, ALIX  
4736 SW 135 PLACE  
MIAMI, FL 33175 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	MGRM
Name	DOUYON, ALIX	Name	CHAM, FRANCOISE
Address	13501 SW 128 STREET SUITE 114	Address	13501 SW 128 STREET SUITE 114
City-State-Zip:	MIAMI FL 33186	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: ALIX DOUYON**

**MGR**

**01/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date