

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000054877

**Entity Name:** CARALB,LLC

**Current Principal Place of Business:**

4779 COLLINS AVE  
APT #2807  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4779 COLLINS AVE  
APT #2807  
MIAMI BEACH, FL 33140 US

**FEI Number:** 46-2591246

**Certificate of Status Desired:** No

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

CAMPOS, CARINA FLAVIA  
4779 COLLINS AVE  
APT #2807  
MIAMI BEACH, FL 33140 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 CAMPOS, CARINA FLAVIA  
Address 4779 COLLINS AVE., APT #2807  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name CHINKIES, ISAAC A SR.  
Address 4779 COLLINS AVE  
APT #2807  
City-State-Zip: MIAMI BEACH FL 33140

*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:** CHINKIES ISAAC A

**DIRECTOR**

**01/08/2017**

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

\_\_\_\_\_  
Date