

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000129582

**Entity Name:** CARU 147, LLC

**Current Principal Place of Business:**

2049 S OCEAN DR  
UNIT 1203  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

2049 S OCEAN DR  
UNIT 1203  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 61-1758146

**Certificate of Status Desired:** No

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

NAIMAN, DEMIAN  
2049 S OCEAN DR  
STE 703  
HALLANDALE BCH, FL 33009 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:** DEMIAN NAIMAN

04/10/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MACHADO, RUBEN FRANCISCO  
Address 2049 S OCEAN DR  
UNIT 1203  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name MACHADO, MARIA DEL CARMEN  
Address 2049 S OCEAN DR  
UNIT 1203  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name MACHADO, RUBEN MARIO  
Address 2049 S OCEAN DR  
UNIT 1203  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name MACHADO, MARCIA MICHELLE  
Address 2049 S OCEAN DR  
UNIT 1203  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** MACHADO , RUBEN FRANCISCO

MGR

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date