## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000158745

Entity Name: CARIBCONEX, LLC

**Current Principal Place of Business:** 

7500 NW 81ST PLACE

SUITE 2

MEDLEY, FL 33166

**Current Mailing Address:** 

7500 NW 81ST PLACE SUITE 2

MEDLEY, FL 33166 US

FEI Number: 47-5153515 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANGSTADT, OLIVER J ESQ. 815 PONCE DE LEON BLVD SUITE 201 CORAL GABLES, FL 33134 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

**FILED** Mar 24, 2017

**Secretary of State** 

CC0018578621

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

PEREZ, IVAN Name Name LOPEZ, IVAN

11461 LAKESIDE DR Address 5570 JACQUELYN COURT Address

APT 4210

City-State-Zip: DORAL FL 33178

NEW ORLEANS LA 70124 City-State-Zip:

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: IVAN J PEREZ

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER/MANAGER

03/24/2017