

**2019 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

**Authorized Person(s) Detail :**

Title MGRM  
Name PEREZ, IVAN  
Address 11461 LAKESIDE DR  
APT 4210  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name LOPEZ, IVAN  
Address 5570 JACQUELYN COURT  
City-State-Zip: NEW ORLEANS LA 70124

Title MGRM  
Name SOLA, MANUEL J  
Address 6850 N AUGUSTA DR  
City-State-Zip: MIAMI LAKES FL 33015

*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 PEREZ

**PRESIDENT**

**01/24/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date