

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000217395

**Entity Name:** CARIBBEAN TOURS USA LLC

**Current Principal Place of Business:**

10829 NW 7TH STREET  
SUITE 13  
MIAMI, FL 33172

**Current Mailing Address:**

10829 NW 7TH STREET  
SUITE 13  
MIAMI, FL 33172 US

**FEI Number:** 81-4583988

**Certificate of Status Desired:** No

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

BAUER, STEFANIE  
10829 NW 7TH STREET  
SUITE 13  
MIAMI, FL 33172 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	MGR	Title	AMBR
Name	BAUER, STEFANIE	Name	BORSARELLI, GIOVANNI
Address	10829 NW 7TH STREET SUITE 13	Address	10829 NW 7TH STREET SUITE 13
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*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:** GIOVANNI BORSARELLI

**AUTHORIZED MEMBER**

**03/20/2017**

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

\_\_\_\_\_  
Date