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 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, that my name appears above, or on an attachment with all other like empowered.	
SIGNATURE: JUAN J ALVARADO	02/01/2023

Entity Name: CARIBE INTERSTATE TRANSPORT LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

891 NW 35 AVE MIAMI, FL 33125

Current Mailing Address:

891 NW 35 AVE MIAMI. FL 33125

FEI Number: 82-3002880

Name and Ad

ALVARADO, JUA 891 NW 35 AVE MIAMI, FL 33125

The above named e

SIGNATURE	E: ALVARADO, JUAN J			02/01/2023		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MGR	Title	MGR			
Name	ALVARADO, JUAN J	Name	ALVARADO, MARIA			
Address	891 NW 35 AVE	Address	891 NW 35 AVE			
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125			

ddress of Current Registered Agen	t:		
AN J			
25 US			
entity submits this statement for the purpose of chan	ging its registered office or	registered agent, or both, in th	he State of Florida.
: ALVARADO, JUAN J			02/01/2023
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MCP	Titlo	MCP	

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

01/2023