

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000233166

**Entity Name:** CARIBBEAN HOSPITALITY MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

2977 MCFARLANE ROAD  
SUITE #200  
MIAMI, FL 33133

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**9830206328CC**

**Current Mailing Address:**

2977 MCFARLANE ROAD  
SUITE #200  
MIAMI, FL 33133 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PANKEY, JEFFREY L  
15950 SW 60 ST  
MIAMI, FL 33193 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	MGR
Name	SCOTT, LESTER	Name	NAYLOR, GREG
Address	2977 MCFARLANE ROAD SUITE 200	Address	2977 MCFARLANE ROAD SUITE 200
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR		
Name	PANKEY, JEFFREY		
Address	2977 MCFARLANE ROAD SUITE #200		
City-State-Zip:	MIAMI FL 33133		

*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: JEFFREY PANKEY**

**MANAGER**

**02/08/2024**

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

\_\_\_\_\_  
Date