

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000462193

**Entity Name:** CARIBBEAN POSTURE L.L.C.

**Current Principal Place of Business:**

4648 NW 107TH AVE  
APT. 2505  
DORAL, FL 33178

**Current Mailing Address:**

4648 NW 107TH AVE  
APT. 2505  
DORAL, FL 33178

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

BRATHWAITE, SOPHIA  
4648 NW 107TH AVE  
APT. 2505  
DORAL, FL 33178 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  
Name BRATHWAITE, SOPHIA  
Address 4648 NW 107TH AVE, APT. 2505  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name ABRAHAM, KYLE  
Address 4648 NW 107TH AVE, APT. 2505  
City-State-Zip: DORAL FL 33178

*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:** SOPHIA BRATHWAITE

**MANAGER**

**05/01/2023**

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

\_\_\_\_\_  
Date