

FILED
Feb 15, 2007 08:00 A
Secretary of State

1. Entity Name
INVERSIONES CARIBE, L.L.C.



4229 WEST 16 AVE
201
HIALEAH, FL 33012

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201
HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE



CR2E083 (11/05)

4. FEI Number
62-1826365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GAVIRIA, JORGE
SUITE 101
9769 S. DIXIE HWY.
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
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TITLE	MGR
NAME	CASTANEDA, GILBERTO
STREET ADDRESS	4235 WEST 16TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000637272
02/26/07-80054-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

De16

Daytime Phone # _____