

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90055 039 \*\*\*\*50.00

**DOCUMENT # L00000015809**

1. Entity Name  
**CARO, LLC**



Principal Place of Business  
**18206 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160**

Mailing Address  
**18206 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160**

**24054512**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**65-1069188**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GABRIEL TARRAB, CARLOS  
17878 N. BAY RD., #303  
SUNNY ISLES BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name

**GLEIZER HERNAN**

Street Address (P.O. Box Number is Not Acceptable)

**18206 COLLINS AVE**

City

**SUNNY ISLES BEACH**

FL

Zip Code  
**33160**

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME TARRAB, CARLOS ☒ Delete  
STREET ADDRESS 17878 N. BAY RD., #303  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE MGR  
NAME GEIZER, HERNAN ☐ Delete  
STREET ADDRESS 17878 N. BAY RD., #303  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR  
NAME GLEIZER, HERNAN ☒ Change ☐ Addition  
STREET ADDRESS 18206 COLLINS AVE  
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #