

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000016100

1. Entity Name
CARIBE RENAISSANCE LLC



Principal Place of Business
**11755 SW 90TH ST., STE. 210
MIAMI, FL 33186**

Mailing Address
**11755 SW 90TH ST., STE. 210
MIAMI, FL 33186**



01182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0920283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, CARLOS E
11755 SW 90 ST #210
MIAMI, FL 33186**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MARTINEZ, CARLOS E
STREET ADDRESS	11755 SW 90 ST #210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, FERNANDO I
STREET ADDRESS	11755 SW 90 ST #210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, RAUL A
STREET ADDRESS	11755 SW 90 ST #210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO J
STREET ADDRESS	11755 SW 90 ST #210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO F
STREET ADDRESS	11755 SW 90 ST #210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	ARNAIZ, MIREN
STREET ADDRESS	11755 SW 90 ST #210
CITY-ST-ZIP	MIAMI, FL 33186

1100000825676
02/21/08-80019-009 138.75

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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 606, Florida Statutes.

SIGNATURE:

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

2/1/08

Date

Daytime Phone #