

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051363

Entity Name: CARIBE HOMESTEAD LLC

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

11755 SW 90 ST, STE 210
MIAMI, FL 33173

New Principal Place of Business:

11755 SW 90 ST, STE 210
MIAMI, FL 33186

Current Mailing Address:

11755 SW 90 ST, STE 210
MIAMI, FL 33173

New Mailing Address:

11755 SW 90 ST, STE 210
MIAMI, FL 33186

FEI Number: 20-0487034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNAIZ, MIREN
11755 SW 90 ST #210
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MARTINEZ, CARLOS E
Address: 11755 SW 90 ST #210
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: MARTINEZ, FERNANDO I
Address: 11755 SW 90 ST #210
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: MARTINEZ, RAUL A
Address: 11755 SW 90 ST #210
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: MARTINEZ, EMILIO J
Address: 11755 SW 90 ST #210
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Delete
Name: MARTINEZ, EMILIO F
Address: 11755 SW 90 ST #210
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: ARNAIZ, MIREN
Address: 11755 SW 90 ST #210
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MIREN ARNAIZ

S

03/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date