

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90057 008 \*\*\*\*50.00

DOCUMENT # L03000057007

1. Entity Name  
CARIBBEAN SOURCING COMPANY LLC



Principal Place of Business  
4600 U.S. 1 NORTH  
ST AUGUSTINE, FL 32095 US

Mailing Address  
4600 US 1 NORTH  
ST AUGUSTINE, FL 32095 US

**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
26-7846279

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DOBBS, DAVID F  
4600 US 1 NORTH  
ST AUGUSTINE, FL 32095

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DOBBS, DAVID F  
4600 US 1 NORTH  
ST AUGUSTINE, FL 32095

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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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: David F. Dobbs DAVID F. DOBBS Feb 16 '06

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

Date Day Month Year

COMPLETED