

105000086372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

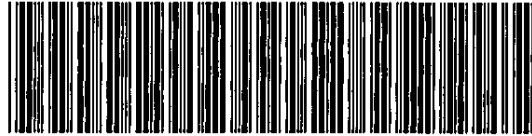
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN Group International, LLC.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SASCHA Torres
(Name of Person)

CARIBBEAN Group International, LLC.
(Firm/Company)

420 Lincoln Road #216
(Address)

MIAMI BEACH, FLORIDA 33139
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

SASCHA Torres at (305) 801 0411
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2006

Christina Cox
Caribbean Group International, LLC
420 Lincoln Road #216
Miami Beach, FL 33139

SUBJECT: CARIBBEAN GROUP INTERNATIONAL, LLC
Ref. Number: L05000086372

We have received your document for CARIBBEAN GROUP INTERNATIONAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent change form that you submitted is incorrect. It is for a corporation not an LLC. I have enclosed the correct form that you may fill out and return to us.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 806A00070935

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Caribbean Group International, LLC
2. The mailing address of the limited liability company is: 420 LINCOLN ROAD, SUITE 216
MIAMI BEACH, FL 33139.

3. Date of filing/registration in Florida JANUARY 22, 2007
4. Document number LOS000086372

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jonathan P. Kross, P.A.
Name
2461 W. Hillsboro Blvd.
Address
Deerfield Beach, FL 33442.
City, State and Zip

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6. The name and address of the new registered agent and/or office:

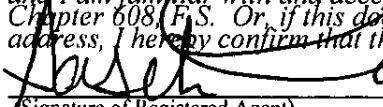
Sascha Torres.
Name
420 LINCOLN ROAD, SUITE 216.
Florida street address (P.O. Box NOT acceptable)
miami beach, FL 33139.
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

CHRISTINA COX
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00