

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063630

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: CARIBBEAN AMIGOS, LLC

## Current Principal Place of Business:

20609 SW 90TH PLACE  
CUTLER BAY, FL 33189

## New Principal Place of Business:

## Current Mailing Address:

20609 SW 90TH PLACE  
CUTLER BAY, FL 33189

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ESTAVILLO, TOMAS J  
20609 SW 90TH PLACE  
CUTLER BAY, FL 33189 US

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: MGRM ( ) Delete  
Name: SANTOS, FELIX  
Address: 7532 SW 187TH STREET  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: MGRM ( ) Delete  
Name: SANTOS, LUDNA  
Address: 7532 SW 187TH STREET  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: MGRM ( ) Delete  
Name: LOPEZ, LOHENGRIEN  
Address: 21901 SW 97TH COURT  
City-St-Zip: CUTLER BAY, FL 33190

Title: MGRM ( ) Delete  
Name: LOPEZ, MADELL  
Address: 21901 SW 97TH COURT  
City-St-Zip: CUTLER BAY, FL 33190

Title: MGRM ( ) Delete  
Name: ESTAVILLO, TOMAS J  
Address: 20609 SW 90TH PLACE  
City-St-Zip: CUTLER BAY, FL 33189

Title: MGRM ( ) Delete  
Name: ESTAVILLO, ROCIO  
Address: 20609 SW 90TH PLACE  
City-St-Zip: CUTLER BAY, FL 33189

## 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  
Name:  
Address:  
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: TJ ESTAVILLO

MGRM

07/09/2008

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