

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90045 015 \*\*\*\*\*55.00

DOCUMENT # **L06000122086**

1. Entity Name

**CARIB LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**20670 N. MIAMI AVE**

3. Mailing Address

**20670 N. MIAMI AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MIAMI**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**208102603**

Applied For

Not Applicable

Zip

**33169**

Country

**U.S.A**

Zip

**33169**

Country

**U.S.A**

5. Certificate of Status Desired

☒

**\$5.00 Additional Fee Required**

CR2E083B (8/05)

**60055651**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GERTRUDE LAWRENCE**

Street Address (P.O. Box Number is Not Acceptable) **20670 N. MIAMI AVE**

City **Miami**

**FL**

Zip Code **33169**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MBR**  
NAME **GERTRUDE LAWRENCE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS **20670 N. MIAMI AVE.**  
CITY-ST-ZIP **MIAMI, FL 33169**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**Gertrude Lawrence**

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

**8/10/07**

Date

Daytime Phone #