

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088839

FILED
Apr 27, 2009
Secretary of State

Entity Name: CARIBBEAN AMERICAN CONSULTANTS, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1423 SW COURTYARD TERRACE UNIT 70B
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

PO BOX 101727
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 26-3435051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDIFORD, ASHLEY
1423 SW COURTYARD TERRACE UNIT 70B
CAPE CORAL, FL 33914 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: MGRM () Delete
Name: SANDIFORD, ASHLEY
Address: PO BOX 101727
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR () Delete
Name: INNISS, EINSTEIN
Address: 6571 BAYBORO COURT
City-St-Zip: ORLANDO, FL 32829

Title: MGR () Delete
Name: ALLEYNE, PATRICIA
Address: BLACK BESS TERRACE
City-St-Zip: BLACK BESS, ST PETER BARBADO,

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:

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: ASHLEY SANDIFORD

MGR.

04/27/2009

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