

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000039052

Entity Name: CARIBBEAN 402 LLC

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

318 INDIAN TRACE, #297  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

318 INDIAN TRACE, #297  
WESTON, FL 33326

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARD M. MOGERMAN, P.A.  
8211 WEST BROWARD BLVD, SUITE 200  
PLANTATION, FL 33324 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  
Name: TIPHAINÉ, MICHEL  
Address: F. ALCORTA 3051 EDIFICIO  
City-St-Zip: GRAND BOURG 4 8036128, XX XX

I hereby 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: MICHEL TIPHAINÉ

MGRM

03/07/2011

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