

L14000026677

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14 OCT -7 PM 3:51
SECRETARY
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: Caribe Global Enterprises LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veronica M. Rodriguez
Name of Person
Caribe Global Enterprises, LLC
Firm/Company
7350 NW 30 AVE
Address
MIAMI, FL 33147
City/State and Zip Code
vrod@caribeglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Rodriguez at (305) 321-8978
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Caribe Global Enterprises, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000024677

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/29/14

4. I, Charles Caruso, hereby withdraw/resign as a
(Print Name of Person Resigning)

VP
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

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OCT -7 PM 3:51
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)