

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092971

**Entity Name:** CARIVYS LLC

**Current Principal Place of Business:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**Current Mailing Address:**

PO BOX 561716  
MIAMI, FL 33256 US

**FEI Number:** 42-1769117

**Certificate of Status Desired:** No

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

GASTON R. ALVAREZ, P. A  
2655 S LE JEUNE ROAD  
SUITE PH-1C  
CORAL GABLES, FL 33134 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:** SOFIA BLANCO

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	BLANCO, SOFIA	Name	DEL RIO, JUAN
Address	PO BOX 561716	Address	PO BOX 561716
City-State-Zip:	MIAMI FL 33256	City-State-Zip:	MIAMI FL 33256

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SOFIA BLANCO

MANAGER

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date