

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000036162

Entity Name: GRUPO CAVEL LLC**Current Principal Place of Business:**7751 JOHNSON STREET
PEMBROKE PINES, FL 33024**Current Mailing Address:**7751 JOHNSON STREET
PEMBROKE PINES, FL 33024 US**FEI Number:** 81-1525261**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARIAS, VANESSA M
121 BELLEZA TERRACE
ROYAL PALM BEACH, FL 33411 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	ARIAS, VANESSA M
Address	121 BELLEZA TERRACE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	AMBR
Name	TAVAREZ, JOSE E
Address	121 BELLEZA TERRACE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	AMBR
Name	ROSA, YADIRA D
Address	121 BELLEZA TERRACE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	AMBR
Name	TAVAREZ, CATHERINE I
Address	121 BELLEZA TERRACE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	AMBR
Name	TAVAREZ, JOEL L
Address	121 BELLEZA TERRACE
City-State-Zip:	ROYAL PALM BEACH FL 33411

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: VANESSA ARIAS**MEMBER****01/24/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date