

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000002011

**Entity Name:** CARI OFFICE CENTER, LLC

**Current Principal Place of Business:**

16375 NE 19TH AVE STE 300  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16375 NE 19TH AVE STE 300  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 83-3060319

**Certificate of Status Desired:** No

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

SHAPIRO, IRA R  
16375 NE 19TH AVE STE 300  
NORTH MIAMI BEACH, FL 33162 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	Title	MGR
Name	GORDON, ANN	Name	SHAPIRO, IRA
Address	16375 NE 19TH AVE STE 300	Address	16375 NE 19TH AVE STE 300
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	NORTH MIAMI BEACH FL 33162

*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:** ANN J GORDON

MGR

03/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date