

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000526930

**Entity Name:** CARIBIAN GROUP LLC

**Current Principal Place of Business:**

531 NE 24TH PL  
F  
CAPE CORAL, FL 33909

**Current Mailing Address:**

531 NE 24TH PL  
F  
CAPE CORAL, FL 33909 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

TAX & GENERAL SERVICES INC  
840 SW 4TH ST  
4  
CAPE CORAL, FL 33991 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 AMBR  
Name TABORDA PUELLO, DELCY E  
Address 531 NE 24TH PL  
City-State-Zip: CAPE CORAL FL 33909

Title AMBR  
Name MEJIA MELENDEZ, ROSA M  
Address 531 NE 24TH PL  
City-State-Zip: CAPE CORAL FL 33909

Title AMBR  
Name RODRIGUEZ TABORDA, JOSE L  
Address 531 NE 24TH PL  
City-State-Zip: CAPE CORAL FL 33909

Title AMBR  
Name RODRIGUEZ COGUA, JOSE G  
Address 531 NE 24TH PL  
City-State-Zip: CAPE CORAL FL 33909

*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:** JOSE GUILLERMO RODRIGUEZ COGUA

**OWNER**

**03/29/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date