

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000351794

**Entity Name:** CARIBBEAN MEDICAL EXPERIENCE, LLC.

**Current Principal Place of Business:**

10380 SW 60TH ST  
MIAMI, FL 33173

**Current Mailing Address:**

10380 SW 60TH ST  
MIAMI, FL 33173

**FEI Number:** 93-2569340

**Certificate of Status Desired:** No

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

GONZALEZ, EMILY Z  
10380 SW 60TH ST  
MIAMI, FL 33173 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 GONZALEZ, EMILY Z  
Address 10380 SW 60TH ST  
City-State-Zip: MIAMI FL 33173

Title MGR  
Name MUNOZ, DIEGO E  
Address 2164 PASAVERDE LN  
City-State-Zip: WESTON FL 33327

*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:** EMILY ZOE GONZALEZ

**PRESIDENT**

**04/22/2025**

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

\_\_\_\_\_  
Date