# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N22000001158

Entity Name: FINE SOBER LIVING, INC.

### **Current Principal Place of Business:**

527 N RIDGEWOOD AVE DAYTONA BEACH, FL 32114

## **Current Mailing Address:**

527 N RIDGEWOOD AVE DAYTONA BEACH, FL 32114 US

# FEI Number: 88-1217167

## Name and Address of Current Registered Agent:

MICHAEL LIEBEL 1632 LOCKHEART ST SOUTH DAYTONA, FL 32114 US FILED Sep 12, 2023 Secretary of State 9816155812CC

Date

Certificate of Status Desired: No

110NA, FL 32114 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

# **Officer/Director Detail :**

Title	Ρ	Title	D
Name	CARL EDWARD SMITH JR	Name	TRENT HOVEY
Address	527 N RIDGEWOOD AVE	Address	527 N RIDGEWOOD AVE
City-State-Zip:	DAYTONA BEACH FL 32114	City-State-Zip:	DAYTONA BEACH FL 32114
Title	S	Title	D
Name	MONTANA SMITH	Name	RANDY MARGRAVE
Address	527 N RIDGEWOOD AVE	Address	527 N RIDGEWOOD AVE
City-State-Zip:	DAYTONA BEACH FL 32114	City-State-Zip:	DAYTONA BEACH FL 32114
Title	т	Title	VP,D
Title Name	T ROBERT MOGAR	Title Name	VP,D KEVIN ZEIG
Name	ROBERT MOGAR 527 N RIDGEWOOD AVE	Name	KEVIN ZEIG
Name Address City-State-Zip:	ROBERT MOGAR 527 N RIDGEWOOD AVE DAYTONA BEACH FL 32114	Name Address	KEVIN ZEIG 527 N RIDGEWOOD AVE
Name Address City-State-Zip: Title	ROBERT MOGAR 527 N RIDGEWOOD AVE DAYTONA BEACH FL 32114 D	Name Address City-State-Zip:	KEVIN ZEIG 527 N RIDGEWOOD AVE DAYTONA BEACH FL 32114
Name Address City-State-Zip: Title Name	ROBERT MOGAR 527 N RIDGEWOOD AVE DAYTONA BEACH FL 32114 D PENA, RYAN	Name Address City-State-Zip: Title	KEVIN ZEIG 527 N RIDGEWOOD AVE DAYTONA BEACH FL 32114 D
Name Address City-State-Zip: Title	ROBERT MOGAR 527 N RIDGEWOOD AVE DAYTONA BEACH FL 32114 D	Name Address City-State-Zip: Title Name	KEVIN ZEIG 527 N RIDGEWOOD AVE DAYTONA BEACH FL 32114 D MCCUE, JOSEPH

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL SMITH

PRESIDENT

09/12/2023

Electronic Signature of Signing Officer/Director Detail

Date