### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: PETER KOLBEN PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 20-5669840

# Name and Address of Current Registered Agent:

SHENKMAN, BEN 110 PROFESIONAL WAY WELLINGTON, FL 33414 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.

		, , , , , , , , , , , , , , , , , , , ,	0000	0	0, ,	
	SIGNATURE	BEN SHENKMAN				01/26/2023
		Electronic Signature of Registered A	gent			Date
Authorized Person(s) Detail :						
	Title	MR.		Title	MRS.	
	Name	KOLBEN, PETER M		Name	KOLBEN, SUSAN G	
	Address	7671 LAKESIDE BLVD., G 16-4		Address	7671 LAKESIDE BLVD., G 16-4	
	City-State-Zip:	BOCA RATON FL 33434		City-State-Zip:	BOCA RATON FL 33434	

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L06000065325

Entity Name: KOLBEN FAMILY, LLC

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

7671 LAKESIDE BLVD., G 16-4 BOCA RATON, FL 33434

## **Current Mailing Address:**

7671 LAKESIDE BLVD., G 16-4 BOCA RATON, FL 33434

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

FILED Jan 26, 2023 Secretary of State 4386619981CC

Certificate of Status Desired: No

01/26/2023