

**2017 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

**FEI Number:** 20-5669840

**Certificate of Status Desired:** No

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

SINAGRA, FRANK JESQ  
ONE FINANCIAL PLAZA, SUITE 1900  
FORT LAUDERDALE, FL 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 MR.  
Name KOLBEN, PETER M  
Address 7671 LAKESIDE BLVD., G 16-4  
City-State-Zip: BOCA RATON FL 33434

Title MRS.  
Name KOLBEN, SUSAN G  
Address 7671 LAKESIDE BLVD., G 16-4  
City-State-Zip: 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 that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER KOLBEN

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date