

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112967

**Entity Name:** NUBE, LLC

**Current Principal Place of Business:**

20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180

**Current Mailing Address:**

20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LAW OFFICES OF N. BETTY GONZALEZ PA  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 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	Title	MGR
Name	ARLIN, GABRIEL	Name	LITVAN, ARMANDO
Address	20801 BISCAYNE BLVD., SUITE 501	Address	20801 BISCAYNE BLVD., SUITE 501
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

*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:** ARMANDO LITVAN

**MANAGER**

**01/13/2015**

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

\_\_\_\_\_  
Date