

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000136209

**Entity Name:** CH HOBE SOUND LLC

**Current Principal Place of Business:**

C/O SONN & MITTELMAN PA2999 NE 191ST ST  
409  
AVENTURA, FL 33180

**Current Mailing Address:**

PO BOX 340207  
BROOKLYN, NY 11234

**FEI Number:** 38-3859132

**Certificate of Status Desired:** No

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

SONN & MITTELMAN PA  
2999 NE 191ST STREET  
409  
AVENTURA, FL 33180 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 CVIJIC, ZARKO  
Address PO BOX 340207  
City-State-Zip: BROOKLYN NY 11234

Title MGR  
Name CVIJIC, DAVID  
Address PO BOX 340207  
City-State-Zip: BROOKLYN NY 11234

*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:** DAVID CVIJIC

**MANAGER**

**03/02/2016**

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

\_\_\_\_\_  
Date