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: RAISEL MUSTELIER

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

02/05/2021

2021	FLORIDA LIMI	ED LIABILITY	COMPANY	ANNUAL REPORT

DOCUMENT# L14000161042

Entity Name: SOBE RIDE RENTAL, LLC

Current Principal Place of Business:

1800- COLLINS AVENUE C MIAMI BEACH, FL 33139

Current Mailing Address:

1800- COLLINS AVENUE C MIAMI BEACH, FL 33139 US

FEI Number: 47-2080047

Name and Address of Current Registered Agent:

RAISEL, MUSTELIER 1800 COLLINS AVE C MIAMI BEACH, FL 33139 US

Certificate of Status Desired: No

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		02/05/2021				
	Electronic Signature of Registered Agent	Date				
Authorized Person(s) Detail :						
Title	AMBR	Title	AUTHORIZED MEMBER			
Name	MUSTELIER, RAISEL	Name	TRIGGS, COURTNEY			
Address	1800- COLLINS AVENUE C	Address	1800- COLLINS AVENUE C			
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139			

FILED Feb 05, 2021 Secretary of State 0543436687CC