

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000200621

Entity Name: NBEOP, LLC

Current Principal Place of Business:

13400 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

Current Mailing Address:

P. O. BOX 1869
MIAMI, FL 33168 US

FEI Number: 81-4353859

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH MD, WILLIELYRA
13400 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054 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 SMITH MD, WILLIELYRA
Address P. O. BOX 1869
City-State-Zip: MIAMI FL 33168

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: SMITH MD , WILLIELYRA

MGR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date