

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000200621

**Entity Name:** NBEOP, LLC

**Current Principal Place of Business:**

3479 NE 163 STREET  
STE. #2131  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

P. O. BOX 1104  
MIAMI, FL 33247-1104 US

**FEI Number:** 81-4353859

**Certificate of Status Desired:** Yes

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

SMITH , ELVIRA  
3479 NE 163 STREET  
STE. #2131  
NORTH MIAMI BEACH, FL 33160 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:** ELVIRA SMITH

**04/30/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, AUTHORIZED  
                  REPRESENTATIVE  
Name           SMITH , ELVIRA  
Address        P. O. BOX 1104  
City-State-Zip: MIAMI FL 33247

*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:** ELVIRA SMITH

**REGISTERED AGENT**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date