

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000030558

**Entity Name:** 133 NE KATHSABE, LLC

**Current Principal Place of Business:**

340 W FLAGLER ST  
APT 2203  
MIAMI, FL 33130

**Current Mailing Address:**

340 W FLAGLER ST  
APT 2203  
MIAMI, FL 33130 US

**FEI Number:** 82-2441764

**Certificate of Status Desired:** No

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

SABE, KATHERINE  
340 W FLAGLER ST  
APT 2203  
MIAMI, FL 33130 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 SABE, KATHERINE  
Address 340 W FLAGLER ST  
APT 2203  
City-State-Zip: MIAMI FL 33130

*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:** KATHERINE SABE

MGR

03/15/2019

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

\_\_\_\_\_  
Date