

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000167420

**Entity Name:** SOBONET, LLC

**Current Principal Place of Business:**

950 BROKEN SOUND PARKWAY NW, #508  
BOCA RATON, FL 33487

**Current Mailing Address:**

950 BROKEN SOUND PARKWAY NW, #508  
BOCA RATON, FL 33487 US

**FEI Number:** 82-2389796

**Certificate of Status Desired:** Yes

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

MANDEL, JEFFREY L  
950 BROKEN SOUND PARKWAY NW, #508  
BOCA RATON, FL 33487 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:** JEFFREY L MANDEL

01/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name MANDEL, JEFFREY L  
Address 950 BROKEN SOUND PARKWAY NW,  
#508  
City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED REPRESENTATIVE  
Name MANDEL, SOPHIA F  
Address 950 BROKEN SOUND PARKWAY NW,  
#508  
City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED REPRESENTATIVE  
Name MANDEL, TYLER G  
Address 950 BROKEN SOUND PARKWAY NW,  
#508  
City-State-Zip: BOCA RATON FL 33487

*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:** JEFFREY MANDEL

MANAGING MEMBER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date