

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000258067

**Entity Name:** OBP MSE, LLC

**Current Principal Place of Business:**

5195 NW 77 AVENUE  
MIAMI, FL 33166

**Current Mailing Address:**

5195 NW 77 AVENUE  
MIAMI, FL 33166

**FEI Number:** 83-2449996

**Certificate of Status Desired:** No

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

HECHTKOPF, LARA S ESQ  
5195 NW 77 AVENUE  
MIAMI, FL 33166 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	Title	MGR
Name	SCHENKMAN, JOEL	Name	SCHENKMAN, IAN
Address	5195 NW 77 AVENUE	Address	5195 NW 77 AVENUE
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

Title MGR  
 Name HECHTKOPF, LARA S ESQ  
 Address 5195 NW 77 AVENUE  
 City-State-Zip: MIAMI FL 33166

*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:** IAN SCHENKMAN

MGR

01/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date