

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000065797

Entity Name: OBAS ENTERPRISES**Current Principal Place of Business:**11582 SW VILLAGE PKWY #1005
PORT ST LUCIE, FL 34953**Current Mailing Address:**11582 SW VILLAGE #1005
PORT ST LUCIE, FL 34953 US**FEI Number:** 86-2178131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEAN, BIANCA
11582 SW VILLAGE PKWY #1005
PORT ST LUCIE, FL 34953 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 OBAS, MICHEL D
Address 11582 SW VILLAGE PKWY #1005
City-State-Zip: PORT ST LUCIE FL 34953

Title MANAGER
Name JEAN, BIANCA
Address 11582 SW VILLAGE PKWY #1005
City-State-Zip: PORT ST LUCIE FL 34953

Title MANAGER
Name OBAS, BIANCA
Address 11582 SW VILLAGE PKWY #1005
City-State-Zip: PORT ST LUCIE FL 34953

Title MANAGER
Name OBAS, ISABELLA
Address 11582 SW VILLAGE PKWY #1005
City-State-Zip: PORT ST LUCIE FL 34953

Title MANAGER
Name OBAS, NATHAN
Address 11582 SW VILLAGE PKWY #1005
City-State-Zip: PORT ST LUCIE FL 34953

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: BIANCA OBAS

MGR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date