

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000001615

**Entity Name:** 517SOB L.L.C.

**Current Principal Place of Business:**

517 SOUTH WEST OCEAN BLVD  
STUART, FL 34994

**Current Mailing Address:**

14 DOGWOOD LANE  
DARIEN, CT 06820 US

**FEI Number:** 86-1994290

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	M	Title	MGR
Name	ROGERS, BRENDAN P	Name	BRADY, CHARLES J III
Address	14 DOGWOOD LANE	Address	1407 NORTH BAY SHORE DRIVE
City-State-Zip:	DARIEN CT 06820	City-State-Zip:	VIRGINIA BCH VA 23451-3718

*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:** BRENDAN P ROGERS

**MANAGING MEMBER**

**02/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date