2001 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # L00000012386 1. Entity Name										
MOBIA, LLC						FILED				
Principal Place of Business Mailing Address					սՆ 1 (0-	L 18 AM 8:47;				
7575 PELICAN BAY BLVD UNIT 1201 NAPLES FL 34108		7575 PELICAN BAY BLVD UNIT 1201			SECRET	ARY OF STATE ASSEE, FLORIDA) (400) (4 0 1	1 8 11 0 4 131 1 10 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI	4. FEI Number Applied For 31 - 1735 883 Not Applied be				
Zip Country		Zip	Country		5. Cert	5. Certificate of Status Desired \$5.00 Additional Fee Required			itional	
6. Name	and Address of Current I	Registered Agent			7. Nam	e and Address of New Re				_
the state of the property of the state of th				Name		* 444 *	-			1
LAUER, ROBERT A 7575 PELICAN BAY BLVD., UNIT 1201 NAPLES FL 34108		· 1		Street Addr	Street Address (P.O. Box Number is Not Acceptable)					1
			·	City			FL	Zip Code)	-
8. The above named entit	y submits this statement for	the purpose of changing it	ts register	ed office or req	gistered agent,	or both, in the State of Flor	ida.			1
SIGNATURESignature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature re	equired when reinsta	ting)	DATE			
FILE Make Check			IOW!!! ayable t	FEE IS \$50.	.00 nt of State	-07/24/0101062017				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	CHANGES			1_
NAME STREET ADDRESS CITY-ST-ZIP	C. A. L. Au er	☐ Delete		E (C) EET ADDRESS -ST-ZIP	EO & Pu Robert	esident A.Lauer		Change	Addition	CR2E083 (5/01)
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 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 608, Florida Statutes. SIGNATURE:										