LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L01000009227

1. Entity Name

NOBLE ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

B0102549

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
150 Yale Dr.	P.O. Box 15417	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	**4.** FEI Number	Applied For
Lake Worth, FL	West Palm Beach, FL	65-1111189	Not Applicable

Zip 33460	Country	Zip 33416	Country	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name   Sharff, Burton G.

Street Address (P.O. Box Number is Not Acceptable)
2315 S. Congress Ave.

City   West Palm Beach,   **FL**   Zip Code 33406

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE		
NAME	MichaelFuller	NAME		
STREET ADDRESS	150 Yale Drive	STREET ADDRESS		
CITY-ST-ZIP	Lake Worth, FL 33460	CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME	DO NOT WRITE	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE	
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

CR2E083B (12/01)

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 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 608, Florida Statutes.

SIGNATURE _____   Michael Fuller   4-30-02 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #