

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018151

1. Entity Name

Sobe, LLC



FILED

04 APR 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11400 Fortune Circle

Suite, Apt. #, etc.

3. Mailing Address
11400 Fortune Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach

City & State
West Palm Beach

4. FEI Number **02-0531272**

Applied For
Not Applicable

Zip
33414

Country
USA

Zip
33414

Country
USA

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 **Charles Humble**

Street Address (P.O. Box Number is Not Acceptable)

11400 Fortune Circle

City **West Palm Beach**

FL

Zip Code
33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
Charles Humble
11400 Fortune Circle W.P.B. FL 33414**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**400030317194
03/11/04--01062--001 **50.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
Cindy Ortiz
11400 Fortune Circle W.P.B. FL 33414**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**400030317194
04/29/04--01007--016 **150.00**

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CITY - ST - ZIP

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/27/04

Date

(561)798-6280

Daytime Phone #

CR2E0838 (12/02)