

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002126

DOCUMENT # **L02000011866**

1. Entity Name

**SOBE CONCEPTS, LLC**



Principal Place of Business

**211 EAST RIVO ALTO DRIVE  
MIAMI BEACH FL 33139**

Mailing Address

**211 EAST RIVO ALTO DRIVE  
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Barbara A. Knaub**

Street Address (P.O. Box Number is Not Acceptable)  
**211 E. Rivo Alto Dr.**

City **Miami Beach** FL Zip Code **33139**

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

*Barbara A. Knaub*

8/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Barbara A. Knaub** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **President/Owner** ☐ Change ☒ Addition  
NAME **Barbara A. Knaub**  
STREET ADDRESS **211 E Rivo Alto Dr**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

*Barbara A. Knaub*

8/27/03

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone

CR2E083 (4/03)