

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90615 039 \*\*\*150.00

DOCUMENT # L02000034589

1. Entity Name

NOBLETT & ASSOCIATES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

214 SE 13<sup>th</sup> STREET

Suite, Apt. #, etc.

3. Mailing Address

214 SE 13<sup>th</sup> STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

Fort Lauderdale, FL

4. FEI Number

01-0758949

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul W. Noblett Jr

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

214 SE 13<sup>th</sup> STREET

City

Fort Lauderdale

FL

Zip Code

33316

**DO NOT WRITE  
IN THIS SPACE**

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

Paul W. Noblett

DATE

4/2/03

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Paul W. Noblett Jr.
STREET ADDRESS	441 Lido Drive
CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	Member
NAME	Stephanie S. Noblett
STREET ADDRESS	441 Lido Drive
CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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

Date

Daytime Phone #

Paul W. Noblett 4/2/03

954-713-7547