

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90099 050 ****55.00

DOCUMENT # L03000022447

1. Entity Name
SOLBET LLC



Principal Place of Business
**5333 COLLINS AVENUE, #605
MIAMI BEACH, FL 33140 US**

Mailing Address
**5333 COLLINS AVENUE, #605
MIAMI BEACH, FL 33140 US**

2. Principal Place of Business
5600 COLLINS AVENUE, #15G

3. Mailing Address
5600 COLLINS AVENUE, #15G

Suite, Apt. #, etc.
15G

Suite, Apt. #, etc.
#15G

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

Zip Country
33140 UNITED STATES

Zip Country
33140-2413 UNITED STATES

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2116 981

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAHN, DONALD ESQ.
317 71ST STREET
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME **ZWIBEL, MARLENE** ☐ Delete
STREET ADDRESS **5333 COLLINS AVENUE, #605**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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 MGRM ☒ Change ☐ Addition
NAME **BETTYE S. GOLD REV. TRUST/MARLENE ZWIBEL, TRUSTEE**
STREET ADDRESS **5600 COLLINS AVENUE, #15G**
CITY-ST-ZIP

MIAMI BEACH, FLORIDA 33140 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

MARLENE ZWIBEL, TRUSTEE OF BETTYE S. GOLD REVOCABLE TRUST

SIGNATURE:

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

2/6/04

(305)865-9574

Date

Daytime Phone #