

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090860

FILED
May 01, 2008
Secretary of State

Entity Name: NOBE LLC

Current Principal Place of Business:

8300 CRESPI BLVD
3
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 190067
MIAMI BEACH, FL 33119

New Mailing Address:

FEI Number: 20-2140627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAL BOSCO, SANDRO
9060 NW 8 STREET #152
MIAMI, FL 33172 US

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GANLY, ALEJANDRO
Address: 9254 CIRCLE DR. RD.
City-St-Zip: ESCONDIDO, CA 92029

Title: MGR () Delete
Name: DAL BOSCO, SANDRO
Address: 9060 NW 8 STREET #512
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: CABRIER, MARCELO G
Address: 7869 N.W. 52ND STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO GANLY

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date