



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90044 013 ***138.75

DOCUMENT # L07000028910 1. Entity Name SOBE CONSULTING SERVICES, LLC																													
Principal Place of Business 2700 COLLINS AVE 307 MIAMI BEACH, FL 33140			Mailing Address 2700 COLLINS AVE 307 MIAMI BEACH, FL 33140																										
2. Principal Place of Business - No P.O. Box # 2895-A Collins Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State miami Beach, FL Zip 33140		City & State Zip Country USA		4. FEI Number 20-8691904																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent ARREDONDO, LOURDES G 2700 COLLINS AVE 307 MIAMI BEACH, FL 33140			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 <u>Lourdes Arredondo</u> <u>LOURDES ARREDONDO</u> <u>01/08/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARREDONDO, LOURDES G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2700 COLLINS AVE 307</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33140</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	ARREDONDO, LOURDES G		STREET ADDRESS	2700 COLLINS AVE 307		CITY-ST-ZIP	MIAMI BEACH, FL 33140		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lourdes Arredondo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>01/08/08</u> <u>786-348-1167</u> <small>Date Daytime Phone #</small>																									