

FILED
Apr 02, 2008 8:00 am
Secretary of State

60018975

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| DOCUMENT # L07000032438 | | | |  | | 04-02-2008 90151 026 ***138.75 | |
| 1. Entity Name SOBE PILATES LLC | | | | | | | |
| Principal Place of Business 3125 PINE TREE DRIVE MIAMI BEACH, FL 33140 | | | Mailing Address 3125 PINE TREE DRIVE MIAMI BEACH, FL 33140 | | | <div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg); display: inline-block;">60018975</div>  <div>02192008 Chg-LLC CR2E083 (12/06)</div> | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 4. FEI Number | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For <input checked="" type="checkbox"/> Not Applicable | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CORPORATE CREATIONS NETWORK INC 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 | | | | 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 _____ | | | | | | | |
| 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 | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | MGR KARVELIS, SUSAN 3125 PINE TREE DRIVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | | Date 4-1-08 Daytime Phone # 305-9687083 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | |