

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044636

FILED
Mar 17, 2008
Secretary of State

Entity Name: SOBE BENEFITS INSURANCE GROUP, LLC

Current Principal Place of Business:

2050 CORAL WAY
SUITE 201
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2050 CORAL WAY
SUITE 201
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-8918207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, JORGE I
2401 COLLINS AVENUE
#1508
MIAMI, FL 33140 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ACOSTA, JORGE I
Address: 2401 COLLINS AVENUE, #2401
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MB () Change (X) Addition
Name: DICUIA, MARIA
Address: 5100 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MB () Change (X) Addition
Name: CHACON, RAIZA
Address: 170 NW 27TH COURT
City-St-Zip: MIAMI, FL 33125

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: JORGE I. ACOSTA

MGRM

03/17/2008

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