

LD800000711611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

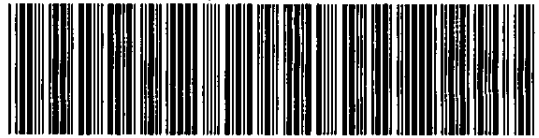
Special Instructions to Filing Officer:

**L. SELLERS**

APR 23 2010

**EXAMINER**

Office Use Only



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03/31/10--01019--001 \*\*25.00

**FILED**

10 APR 22 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** sobehouse llc  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

stefano ravasini  
Name of Person

sobehouse llc  
Firm/Company

2021 meridian ave # 5  
Address

miami beach fl 33139  
City/State and Zip Code

sobehouse@sobehouse.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

stefano ravasini at ( 786 ) 3487817  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2010

STEFANO RAVASINI  
2021 MERIDIAN AVENUE #5  
MIAMI BEACH, FL 33139

SUBJECT: SOBEHOUSE LLC  
Ref. Number: L08000071611

We have received your document for SOBEHOUSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 510A00008043

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: sobehouse llc

2. (a) Principal office address of limited liability company: \_\_\_\_\_



**(Note: MUST BE STREET ADDRESS)**

1504 bay rd # 1106 miami beach fl

(b) Mailing address of limited liability company: \_\_\_\_\_



**(Note: MAY BE POST OFFICE BOX)**

1504 bay rd # 1106 miami beach fl

07/24/2008

L08000071611

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

1504 bay rd # 1106 miami beach fl

Registered Office Address:

1504 bay rd # 1106 miami beach fl

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2021 meridian ave # 5

miami beach , FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stefano Ravasini  
Signature of a member or authorized representative of a member

stefano ravasini

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Stefano Ravasini  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

FILED  
APR 22 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA