

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000039627

Entity Name: MLS/SOBE LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

70 WELLS AVENUE SUITE 200  
C/O STEVE SCHWARTZ, CPA  
NEWTON, MA 02459

**New Principal Place of Business:**

**Current Mailing Address:**

70 WELLS AVENUE SUITE 200  
C/O STEVE SCHWARTZ, CPA  
NEWTON, MA 02459

**New Mailing Address:**

FEI Number: 27-2404954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HABER, ROBERT M ESQ  
1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131 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: MGR  
Name: SACKLER, MARIETTA LUTZE MD  
Address: 70 WELLS AVENUE SUITE 200  
City-St-Zip: NEWTON, MA 02459

I hereby 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: MARIETTA LUTZE SACKLER, MD

MGR

01/05/2012

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