

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000027407

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** GOBE, LLC

**Current Principal Place of Business:**

3072 OLD STILL LANE  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

3072 OLD STILL LANE  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THE MEDI LAW FIRM  
2100 PONCE DE LEON BLVD., SUITE 1000  
CORAL GABLES, FL 33134 US

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

THE MEDILAW FIRM  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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: MAX A ADAMS ESQ

04/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOBER, SHANE  
Address: 3072 OLD STILL LANE  
City-St-Zip: WESTON, FL 33331

Title: MGRM  
Name: GOBER, MELVIN S  
Address: 3072 OLD STILL LANE  
City-St-Zip: WESTON, FL 33331

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: SHANE GOBER

MGRM

04/20/2012

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