

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000079861

**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**4489689133CC**

**Entity Name:** HOBE, LLC

**Current Principal Place of Business:**

1729 S.W. THORNBERRY CIRCLE  
PALM CITY, FL 34990-4459

**Current Mailing Address:**

1729 S.W. THORNBERRY CIRCLE  
PALM CITY, FL 34990-4459

**FEI Number:** 22-3941189

**Certificate of Status Desired:** No

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

HOBE, ROBERT  
1729 SW THORNBERRY CIRCLE  
PALM CITY, FL 34990 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	ST
Name	HOBE, ROBERT	Name	HOBE, ROBERT
Address	1729 S.W. THORNBERRY CIRCLE	Address	1729 S.W. THORNBERRY CIRCLE
City-State-Zip:	PALM CITY FL 34990-4459	City-State-Zip:	PALM CITY FL 34990-4459

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT HOBE

**MGR**

**01/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date