

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000039627

**Entity Name:** MLS/SOBE LLC

**Current Principal Place of Business:**

300 S. POINTE DRIVE  
APT 2001  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

MARCUM FAMILY OFFICE  
750 THIRD AVENUE, 11TH FLOOR C/O MONICA AYUEN  
NEW YORK, NY 10017 US

**FEI Number:** 27-2404954

**Certificate of Status Desired:** No

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

HABER, ROBERT MESQ  
1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131 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  
Name SACKLER, MARIETTA LUTZE MD  
Address MARCUM FAMILY OFFICE  
750 THIRD AVENUE, 11TH FLOOR C/O  
MONICA AYUEN  
City-State-Zip: NEW YORK NY 10017

*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:** MARIETTA LUTZE SACKLER

MGR

01/10/2017

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

\_\_\_\_\_  
Date