

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000075505

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**2115482339CC**

**Entity Name:** NOBIS PRIME MANAGEMENT LLC

**Current Principal Place of Business:**

1650 MARGARET STREET  
SUITE 302, #308  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1650 MAGARET STREET  
SUITE 302, #308  
JACKSONVILLE, FL 32204 US

**FEI Number:** 47-3882613

**Certificate of Status Desired:** No

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

ANDERSON REGISTERED AGENTS, INC.  
1000 NORTH WASHINGTON BLVD  
SARASOTA, FL 34236 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	STAMBORSKI, PHILLIP	Name	ELPHICK, KEVIN
Address	1650 MAGARET STREET SUITE 302, #308	Address	1650 MAGARET STREET SUITE 302, #308
City-State-Zip:	JACKSONVILLE FL 32204	City-State-Zip:	JACKSONVILLE FL 32204

*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:** STAMBORSKI , PHILLIP

**AUTHORIZED MEMBER**

**04/25/2019**

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

\_\_\_\_\_  
Date