

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112741

Entity Name: SOBEL MONTVAIL, LLC

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3 GROVE ISLE DRIVE, APT. 1210  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3 GROVE ISLE DRIVE, APT. 1210  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 26-1545113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOBEL, CLIFFORD M  
3 GROVE ISLE DRIVE, APT. 1210  
COCONUT GROVE, FL 33133 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: SOBEL, JONATHAN  
Address: 40 DORISON DRIVE  
City-St-Zip: SHORT HILLS, NJ 07078

Title: MGR  
Name: KAPLAN, JULIE S  
Address: 40 DORISON DRIVE  
City-St-Zip: SHORT HILLS, NJ 07078

Title: MGR  
Name: SOBEL, SCOTT  
Address: 53 NORTH MOORE STREET - APT. 7D  
City-St-Zip: NEW YORK, NY 10013 XX

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: JONATHAN SOBEL

MM

03/07/2012

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