

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000006330

**Entity Name:** JES SRS INVESTMENTS, LLC

**Current Principal Place of Business:**

2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
BOCA RATON, FL 33431

**Current Mailing Address:**

2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
BOCA RATON, FL 33431 US

**FEI Number:** 27-4578938

**Certificate of Status Desired:** No

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

SOBEL, JEFFREY E  
2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
BOCA RATON, FL 33431 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 MGRM  
Name SOBEL, JEFFREY E  
Address 2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name SOBEL, SAMUEL R  
Address 2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER  
Name DEMARE, CAROL  
Address 2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER  
Name S&C SOBEL, LLLP  
Address 2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER  
Name JLEJM SF1 LLLP  
Address 2385 NW EXECUTIVE CENTER DRIVE  
SUITE 370  
City-State-Zip: BOCA RATON FL 33431

*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:** JEFFREY E. SOBEL

**MANAGING MEMBER**

**04/25/2024**

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

\_\_\_\_\_  
Date