## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132320

Entity Name: SOBEL NEW HORIZONS 2011, LLC

**Current Principal Place of Business:** 

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

**Current Mailing Address:** 

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

FEI Number: 45-3853627 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOBEL, CLIFFORD M 3 GROVE ISLE DRIVE, APT. 1210 COCONUT GROVE, FL 33133 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

Date

FILED Mar 08, 2016

**Secretary of State** 

CC1185936651

Authorized Person(s) Detail:

Title MGRM Title MGR

Name SOBEL, JONATHAN Name KAPLAN, JULIE SOBEL

Address 18 E 12TH STREET APT 7A&D Address 31 MOUNTAIN RIDGE DRIVE

City-State-Zip: NEW YORK NY 10003 City-State-Zip: LIVINGSTON NJ 07039

Title MGR

Name SOBEL, SCOTT

Address 53 N. MOORE STREET APT 7D

City-State-Zip: NEW YORK NY 10013

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: JONATHAN SOBEL MANAGER 03/08/2016