

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132320

**Entity Name:** SOBEL NEW HORIZONS 2011, LLC

**Current Principal Place of Business:**

ONE COLLINS AVENUE  
UNIT #408  
MIAMI BEACH, FL 33139

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**3358933644CC**

**Current Mailing Address:**

225 MILLBURN AVENUE  
SUITE 202  
MILLBURN, NJ 07041 US

**FEI Number: 45-3853627**

**Certificate of Status Desired: No**

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

SOBEL, CLIFFORD M  
ONE COLLINS AVENUE  
UNIT #408  
MIAMI BEACH, FL 33139 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, JONATHAN  
Address 44 SPRING HOLLOW ROAD  
City-State-Zip: FAR HILLS NJ 07931  
  
Title MGR  
Name SOBEL, SCOTT  
Address 53 N. MOORE STREET APT 7D  
City-State-Zip: NEW YORK NY 10013

Title MGR  
Name KAPLAN, JULIE SOBEL  
Address 31 MOUNTAIN RIDGE DRIVE  
City-State-Zip: LIVINGSTON NJ 07039

*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**

**MEMBER**

**02/18/2019**

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

\_\_\_\_\_  
Date