

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132320

**FILED
Jan 27, 2015
Secretary of State
CC7158692292**

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

Authorized Person(s) Detail :

Title MGRM
Name SOBEL, JONATHAN
Address 18 E 12TH STREET APT 7A&D
City-State-Zip: NEW YORK NY 10003

Title MGR
Name KAPLAN, JULIE SOBEL
Address 31 MOUNTAIN RIDGE DRIVE
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

01/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date