

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000233533

Entity Name: ASPEN SOBER LIVING LLC

Current Principal Place of Business:

1111 LOXAHATCHEE DR
A
WEST PALM BEACH, FL 33409

Current Mailing Address:

900 OSCEOLA DR
SUITE 108
WEST PALM BEACH, FL 33409 US

FEI Number: 85-2318984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALI, SUSAN
2415 STERLING ROAD
FORT LAUDERDALE, FL 33312 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 AMBR
Name NOJOWITZ, KASRIEL
Address 279 OAKLEY AVENUE
City-State-Zip: LONG BRANCH NJ 07740

Title AMBR
Name HILLELN, DAVID
Address 210 LENOX AVENUE
City-State-Zip: LONG BRANCH NJ 07740

Title AMBR
Name ADELMAN, HILLEL
Address 4120 NW 4TH AVENUE
City-State-Zip: BOCA RATON FL 33431

Title AMBR
Name ADELAMN, JACOB
Address 144 BEACH 5TH STREET UNIT B
City-State-Zip: FAR ROCKAWAY NY 11691

Title AMBR
Name ADELMAN, MOSHE
Address 11 STRYKER STREET
City-State-Zip: BROOKLYN NY 11223

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: HILLEL ADELMAN

OFFICER

07/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date