

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000076869	
1. Entity Name GUILLEN & COHEN ENROLLED AGENTS LLC	

Principal Place of Business 250 CATALONIA AVE., SUITE 400 CORAL GABLES, FL 33134-0678	Mailing Address 250 CATALONIA AVE., SUITE 400 CORAL GABLES, FL 33134-0678
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01192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1921770	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GUILLEN, ANA M
250 CATALONIA AVE., SUITE 400
CORAL GABLES, FL 33134-0678

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)

Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$50.00 Due by May 1, 2006

000000401535
02/02/06 00047-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GUILLEN & ASSOCIATES, INC.
STREET ADDRESS	250 CATALONIA AVE, SUITE 400
CITY-ST-ZIP	CORAL GABLES, FL 331340678
TITLE	MGRM
NAME	G. COHEN & ASSOCIATES P.A
STREET ADDRESS	3850 HOLLYWOOD BLVD SUITE 402
CITY-ST-ZIP	HOLLYWOOD, FL 330216746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 609, Florida Statutes.

SIGNATURE: _____ **1/19/2006** **305 444 24 23**