

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000056358

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** COWEALTH LLC

**Current Principal Place of Business:**

1551 WEST EDGEWOOD AVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

5638 COMMONWEALTH AVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

4446 HENDRICKS AVE  
345  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 45-2427405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROWN, JOANN M  
1551 WEST EDGEWOOD AVE  
JACKSONVILLE, FL 32208      US

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

BROWN, JOANN M  
5638 COMMONWEALTH AVE  
JACKSONVILLE, FL 32254      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: JOANN BROWN

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWN, JOANN  
Address: 5638 COMMONWEALTH AVE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGRM  
Name: BROWN, KATRINA  
Address: 5638 COMMONWEALTH AVE  
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOANN BROWN

MGRM

04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date