

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020164

Entity Name: COHEN VENTURES, LLC**Current Principal Place of Business:**712 U.S. HIGHWAY ONE
SUITE 205
NORTH PALM BEACH, FL 33408**Current Mailing Address:**P.O. BOX 14127
NORTH PALM BEACH, FL 33408 US**FEI Number:** 65-1159122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, GREGORY R
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH, FL 33408 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	COHEN, FRED C
Address	712 US HWY ONE
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	MGRM
Name	COHEN, MYRNA
Address	712 US HWY ONE
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	MGRM
Name	COHEN, GREGORY R
Address	712 US HWY ONE
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	MGRM
Name	COHEN, TODD J
Address	712 US HWY ONE
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	MGRM
Name	COHEN, BRYAN S
Address	712 US HWY ONE
City-State-Zip:	NORTH PALM BEACH FL 33408

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: GREGORY R. COHEN

MGRM

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date