

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078289

**Entity Name:** 709 CLYDE MORRIS BLVD., LLC

**Current Principal Place of Business:**

709 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

709 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

**FEI Number:** 20-3255119

**Certificate of Status Desired:** No

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

KOHEN, MICHAEL D DR.  
709 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114 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:** MICHAEL D. KOHEN, M.D.

03/02/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OTHER  
Name KOHEN FAMILY LIMITED  
PARTNERSHIP  
Address 709 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** MICHAEL D KOHEN DR.

AGENT

03/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date