WINTER PARK	, FL 32789			
Current Mai	ling Address:			
P O BOX 47 BROOKLINE	0777 E, MA 02447 US			
FEI Number: 26-1265804		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
	onte dr. Springs, FL 32714 US			
The above name	d entity submits this statement for the purpose of changing its regis	starad offica or ragis	tared event or both in the State of F	
		stered onice of regis	tered agent, or boun, in the State of T	
SIGNATURE	E: DOUGLAS OSWALD	stered onice of regis	tered agent, or both, in the State of th	04/29/2017
SIGNATURE				
	E: DOUGLAS OSWALD			04/29/2017
	E: DOUGLAS OSWALD Electronic Signature of Registered Agent	Title	MGR	04/29/2017
Authorized	E: DOUGLAS OSWALD Electronic Signature of Registered Agent Person(s) Detail :			04/29/2017
Authorized	E: DOUGLAS OSWALD Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	04/29/2017
Authorized Title Name	E: DOUGLAS OSWALD Electronic Signature of Registered Agent Person(s) Detail : MGR COHEN, JENNY W 181 W. STOVIN AVE.	Title Name	MGR COHEN, RICHARD S 181 W STOVIN AVE	04/29/2017
Authorized Title Name Address	E: DOUGLAS OSWALD Electronic Signature of Registered Agent Person(s) Detail : MGR COHEN, JENNY W 181 W. STOVIN AVE.	Title Name Address	MGR COHEN, RICHARD S 181 W STOVIN AVE	04/29/2017
Authorized Title Name Address	E: DOUGLAS OSWALD Electronic Signature of Registered Agent Person(s) Detail : MGR COHEN, JENNY W 181 W. STOVIN AVE.	Title Name Address	MGR COHEN, RICHARD S 181 W STOVIN AVE	04/29/2017
Authorized Title Name Address	E: DOUGLAS OSWALD Electronic Signature of Registered Agent Person(s) Detail : MGR COHEN, JENNY W 181 W. STOVIN AVE.	Title Name Address	MGR COHEN, RICHARD S 181 W STOVIN AVE	04/29/2017

DOCUMENT# L07000098319

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: COHEN TRUST HOLDINGS,LLC

Current Principal Place of Business:

181 W. STOVIN AVE WINTER PARK, FL 32789

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: RICHARD COHEN, BY JOLYON COWAN POA POA 04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2017 Secretary of State CC5945647424

Date