

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000056358

Entity Name: COWEALTH LLC

Current Principal Place of Business:

5638 COMMONWEALTH AVE
JACKSONVILLE, FL 32254

Current Mailing Address:

4446 HENDRICKS AVE
345
JACKSONVILLE, FL 32207

FEI Number: 45-2427405

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANN BROWN

MGRM

09/04/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date