

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000110465

**Entity Name:** COHEN & SAFIRMAN LLC

**Current Principal Place of Business:**

1253 WASHINGTON AVE  
SUITE 222  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1253 WASHINGTON AVE  
SUITE 222  
MIAMI BEACH, FL 33139 US

**FEI Number:** 46-3389679

**Certificate of Status Desired:** Yes

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

TRIPLE M ACCOUNTING  
1021 SW 85TH TER  
PEMBROKE PINES, FL 33025 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 SAFIR, OLIVIER  
Address 1253 WASHINGTON AVE  
SUITE 222  
City-State-Zip: MIAMI BEACH FL 33139

*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:** OLIVIER SAFIR

MGRM

04/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date