

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000014731

**Entity Name:** ARI COHEN D.O. LLC

**Current Principal Place of Business:**

4061 E WINNERS CIR  
DAVIE, FL 33330-4326

**Current Mailing Address:**

4061 E WINNERS CIR  
DAVIE, FL 33330-4326 US

**FEI Number:** 47-2926822

**Certificate of Status Desired:** Yes

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

COHEN, ARI  
4061 E. WINNERS CIRCLE  
DAVIE, FL 33330 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:** ARI COHEN

03/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COHEN, ARI  
Address 4061 E WINNERS CIR  
City-State-Zip: DAVIE FL 33330-4326

*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:** ARI COHEN

MANAGER

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date