

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000032320

Entity Name: MAUREEN COHEN, LICENSED MENTAL HEALTH COUNSELOR, LLC

FILED
Apr 26, 2016
Secretary of State
CC8862927749

Current Principal Place of Business:

157 HAMPTON POINT DRIVE
SUITE 1
ST. AUGUSTINE, FL 32092

Current Mailing Address:

PO BOX 601064
JACKSONVILLE, FL 32260 US

FEI Number: 47-3248985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, MAUREEN
157 HAMPTON POINT DRIVE
SUITE 1
ST. AUGUSTINE, FL 32092 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 MGR
Name COHEN, MAUREEN
Address PO BOX 601064
City-State-Zip: JACKSONVILLE FL 32260

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: MAUREEN COHEN

OWNER/MANAGER

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date