

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000032320

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

**FILED**  
**Mar 09, 2018**  
**Secretary of State**  
**CC8212096189**

**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**

**LMHC, OWNER**

**03/09/2018**

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

\_\_\_\_\_  
Date