

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000119085

**Entity Name:** 19 SOUTH SWINTON LLC

**Current Principal Place of Business:**

11 S SWINTON AVE STE C  
DELRAYBEACH, FL 33444

**Current Mailing Address:**

2295 CORPORATE BLVD., NW  
SUITE 138  
BOCA RATON, FL 33431 US

**FEI Number:** 47-4488417

**Certificate of Status Desired:** No

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

COHEN, DEBRA M  
11 S SWINTON AVE STE C  
DELRAYBEACH, FL 33444 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 AMBR  
Name STEVEN E COHEN ABD DEBRA M  
COHEN TRUSTEE  
Address 11 S SWINTON AVE STE C  
City-State-Zip: DELRAYBEACH FL 33444

Title AMBR  
Name HEIMBERG, DENISE B TRUSTEE  
Address 11 S SWINTON AVE STE C  
City-State-Zip: DELRAYBEACH FL 33444

Title P  
Name COHEN, STEVEN  
Address 11 S SWINTON AVE STE C  
City-State-Zip: DELRAYBEACH FL 33444

*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:** STEVEN COHEN

P

02/27/2024

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

\_\_\_\_\_  
Date