

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000050225

**Entity Name:** HOPE ENTERPRISES B.F.C. LLC

**Current Principal Place of Business:**

1824 DEAN ROAD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5519 KILKEE COURT  
JACKSONVILLE, FL 32244 US

**FEI Number: 82-0730598**

**Certificate of Status Desired: No**

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

COHEN, BRUCE E SR  
5519 KILKEE COURT  
JACKSONVILLE, FL 32244 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 MRG  
Name COHEN, FAYE M  
Address 5519 KILKEE COURT  
City-State-Zip: JACKSONVILLE FL 32244

Title AMBR  
Name JACKSON, SHANDREA A  
Address 5519 KILKEE COURT  
City-State-Zip: JACKSONVILLE FL 32244

Title AMBR  
Name COHEN, KEVIN D  
Address 5519 KILKEE COURT  
City-State-Zip: JACKSONVILLE FL 32244

Title PRESIDENT  
Name COHEN, BRUCE EMANUEL SR.  
Address 5519 KILKEE COURT  
City-State-Zip: JACKSONVILLE FL 32244

*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: BRUCE COHEN**

**PRESIDENT**

**02/03/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date