

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000100492

**Entity Name:** WILLIAMS-COHEN MANAGEMENT LLC

**Current Principal Place of Business:**

12 KENT SQ.  
U2  
BROOKLINE, MA 02446

**Current Mailing Address:**

PO BOX 470777  
BROOKLINE, MA 02447

**FEI Number: 84-1832730**

**Certificate of Status Desired:** No

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

OSWALD & OSWALD, P.L.  
2180 N PARK AVE  
SUITE 220  
WINTER PARK, FL 32789 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 WILLIAMS-COHEN, JENNY  
Address 1620 MAYFLOWER CT. A615  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name COHEN, RICHARD  
Address 1620 MAYFLOWER CT. A615  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name COWAN, JOLYON  
Address 12 KENT SQ., U2  
City-State-Zip: BROOKLINE MA 02446

*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:** JOLYON ELLIS COWAN

**MGR**

**04/29/2022**

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

\_\_\_\_\_  
Date