

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000291885

**Entity Name:** J COHEN ENTERPRISES, LLC.

**Current Principal Place of Business:**

141 NW 20TH STREET  
SUITE G7  
BOCA RATON, FL 33431

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**1789443144CC**

**Current Mailing Address:**

141 NW 20TH ST  
G7  
BOCA RATON, FL 33431 US

**FEI Number:** 84-4138913

**Certificate of Status Desired:** No

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

COHEN, JARED  
141 NW 20TH STREET  
SUITE G7  
BOCA RATON, FL 33431 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	Title	AMBR
Name	COHEN, JARED	Name	COHEN, DREW
Address	141 NW 20TH. STREET, SUITE G7	Address	141 NW 20TH. STREET, SUITE G7
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

*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:** JARED COHEN

**MGR**

**02/08/2024**

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

\_\_\_\_\_  
Date