

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000041722

**Entity Name:** COHOST ASSIST LLC

**Current Principal Place of Business:**

2912 EDENDERRY DR  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

P.O. BOX 20813  
TALLAHASSEE, FL 32316

**FEI Number: 86-1996096**

**Certificate of Status Desired: No**

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

RIVERS, LINJE  
3065 HIGHLAND OAKS TERRACE  
TALLAHASSEE, FL 32301 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 KELLY, RENNAI A  
Address 2912 EDENDERRY DR  
City-State-Zip: TALLAHASSEE FL 32303

*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: RENNAI PALMER-KELLY**

**MGR**

**03/28/2023**

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

\_\_\_\_\_ Date