

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000061449

**Entity Name:** COHENCHIRO LLC

**Current Principal Place of Business:**

120 S UNIVERSITY DR STE A  
PLANTATION, FL 33324

**Current Mailing Address:**

120 S UNIVERSITY DR STE A  
PLANTATION, FL 33324 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COHEN, LANCE  
120 S UNIVERSITY DR STE A  
PLANTATION, FL 33324 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:** LANCE COHEN

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            COHEN, LANCE DR  
Address        120 S UNIVERSITY DR STE A  
City-State-Zip: PLANTATION FL 33324

*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:** LANCE COHEN

AMBR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date