

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90123 013 ****50.00

DOCUMENT # L00000015251

1. Entity Name
JAMES M. COHEN LEGAL TRANSLATIONS, LLC



Principal Place of Business
**4051 NW 22ND STREET
COCONUT CREEK, FL 33066**

Mailing Address
**4051 NW 22ND STREET
COCONUT CREEK, FL 33066**

DO NOT WRITE IN THIS SPACE



02072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1072304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, JAMES M
4051 NW 22ND STREET
COCONUT CREEK, FL 33066**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
COHEN, JAMES M
4051 NW 22ND STREET
COCONUT CREEK, FL 33066**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**JAMES M. COHEN
MANAGING MEMBER**

4/23/05
Date
**954-969
0526**
Daytime Phone #