

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000022177

Entity Name: COHEN-ST. CLOUD, LLC

FILED
Nov 23, 2012
Secretary of State

Current Principal Place of Business:

327 ARABIAN RD
PALM BEACH, FL 33480 US

New Principal Place of Business:

3677 23RD AVE, SUITE B107
LAKE WORTH, FL 33461 US

Current Mailing Address:

327 ARABIAN RD
PALM BEACH, FL 33480 US

New Mailing Address:

3677 23RD AVE, SUITE B107
LAKE WORTH, FL 33461 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, STANLEY M MGR
327 ARABIAN RD
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

COHEN, STANLEY M MGR
3677 23RD AVE, SUITE B107
LAKE WORTH, FL 33461 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:

11/23/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: COHEN, STANLEY M
Address: 3677 23RD AVE, SUITE B107
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR
Name: COHEN, ELAINE
Address: 3677 23RD AVE, SUITE B107
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR
Name: COHEN, STANLEY
Address: 3677 23RD AVE, SUITE B107
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR
Name: COHEN, STANLEY
Address: 3677 23RD AVE, SUITE B107
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR
Name: COHEN, STANLEY
Address: 3677 23RD AVE, SUITE B107
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MR
Name: COHEN, STANLEY
Address: 3677 23RD AVE, SUITE B107
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SMC

MNG

11/23/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date