

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005807

**Entity Name:** WILLIAM D. COHEN, CPA, PLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

153 WATERFORD G  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

153 WATERFORD G  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

**FEI Number:** 26-4003287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, WILLIAM D  
153 WATERFORD G  
DELRAY BEACH, FL 33446 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** COHEN, WILLIAM D MR.  
**Address:** 153 WATERFORD G  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

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: WILLIAM D. COHEN

MGRM

01/05/2010

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