

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058676

Entity Name: SHERRI COHEN, LLC

FILED
Jul 26, 2005
Secretary of State

Current Principal Place of Business:

7269 CHESAPEAKE CIR
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

7269 CHESAPEAKE CIR
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 16-1705513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

COHEN, SHERRI M
7269 CHESAPEAKE CIRCLE
BOYNTON BEACH, FL 33436 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: SHERRI COHEN

07/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, SHERRI
Address: 7269 CHESAPEAKE CIR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST () Delete
Name: COEHN, SHERRI
Address: 7269 CHESAPEAKE CIR
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: COHEN, SHERRI
Address: 7269 CHESAPEAKE CIR
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRI COHEN

MNGR

07/26/2005

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