

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90021 021 ***138.75

DOCUMENT # L06000001376

1. Entity Name
BLACK & COHEN, P.L.L.C.



Principal Place of Business
2015 CENTRE POINTE BOULEVARD, SUITE 103
TALLAHASSEE, FL 32308

Mailing Address
2015 CENTRE POINTE BOULEVARD, SUITE 103
TALLAHASSEE, FL 32308

50005180

2. Principal Place of Business - No P.O. Box #
1435 PIEDMONT DR. E.
Suite, Apt. #, etc.
STE 110
City & State
TALLAHASSEE FL
Zip
32308 Country **USA**

3. Mailing Address
1435 PIEDMONT DR. E.
Suite, Apt. #, etc.
STE 110
City & State
TALLAHASSEE FL
Zip
32308 Country **USA**



04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
04-3838556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COHEN, JEREMY E
2015 CENTRE POINTE BOULEVARD, SUITE 103
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
Name
COHEN, JEREMY E.
Street Address (P.O. Box Number is Not Acceptable)
1435 PIEDMONT DRIVE E.
STE 110
City
TALLAHASSEE FL Zip Code **32308**

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 *Jeremy E. Cohen* DATE **04-14-08**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WM. STEPHEN II		NAME		
STREET ADDRESS	2015 CENTRE POINTE BOULEVARD, SUITE 103		STREET ADDRESS	1435 PIEDMONT DRIVE E., STE 110	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JEREMY E		NAME		
STREET ADDRESS	2015 CENTRE POINTE BOULEVARD, SUITE 103		STREET ADDRESS	1435 PIEDMONT DRIVE E., STE 110	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jeremy E. Cohen* DATE **04-14-08** DAYTIME PHONE # **850.907.9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE