

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90318 013 ****50.00

DOCUMENT # L06000051396

1. Entity Name

RALPH C. COHN JR., LLC



Principal Place of Business

8201 SW 41 PL RD
OCALA FL 34481-5497

Mailing Address

8201 SW 41 PL RD
OCALA FL 34481-5497



2. Principal Place of Business - No P.O. Box #

1214 NE 34 AV

Suite, Apt. #, etc.

(N.A.)

City & State

OCALA, FL

Zip

34470-6420

Country

USA

3. Mailing Address

1214 NE 34 AV

Suite, Apt. #, etc.

(N.A.)

City & State

OCALA, FL

Zip

34470-6420

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

83-0454959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHN, RALPH C JR
8201 SW 41 PL RD
OCALA FL 34481-5497

7. Name and Address of New Registered Agent

Name COHN, RALPH C JR

Street Address (P.O. Box Number is Not Acceptable)

1214 NE 34 AV

City OCALA,

FL

Zip Code

34470-6420

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME COHN, RALPH JR
STREET ADDRESS 8201 SW 41 PL RD
CITY- ST- ZIP OCALA FL 34481-5497

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME COHN, RALPH JR
STREET ADDRESS 1214 NE 34 AV
CITY- ST- ZIP OCALA, FL 34470-6420

☐ Change

☐ Addition

TITLE
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CITY- ST- ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ralph C. Cohn Jr.

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

04/23/07

Date

352-562-2161

Daytime Phone #