

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90036 036 ***143.75

DOCUMENT # L06000051396

1. Entity Name
RALPH C. COHN JR., LLC



Principal Place of Business
1214 NE 34 AVE
OCALA, FL 34470-6420

Mailing Address
1214 NE 34 AVE
OCALA, FL 34470-6420

60010665



2. Principal Place of Business - No P.O. Box #
1302 NE 33 AV

3. Mailing Address
N.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # C

City & State

City & State

OCALA, FL

Zip

Country

Zip

Country

FL 34470

U.S.A.

02232008 Chg-LLC CR2E083 (12/06)

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
1214 NE 34 AV
OCALA, FL 34470-6420

7. Name and Address of New Registered Agent

Name RALPH C. COHN, JR.
Street Address (P.O. Box Number is Not Acceptable)
1302 NE 33 AV
APT. C
City OCALA, FL Zip Code 34470

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 Ralph C. Cohn Jr. MANAGER MANAGER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/23/08
DATE

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

TITLE MGRM ☐ Delete
NAME COHN, RALPH JR
STREET ADDRESS 1214 NE 34 AVE
CITY-ST-ZIP OCALA, FL 344706420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1302 NE 33 AV, APT. C
CITY-ST-ZIP OCALA, FL 34470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Ralph C. Cohn Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/23/08 352-562-2161
Date Daytime Phone #