2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L06000102443

Entity Name: COHEN FORMING & SUPPLY, LLC

Current Principal Place of Business:

2475 DOBBS RD STE 1
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

PO BOX 132
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 51-0610503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TIMOTHY
2475 DOBBS RD
STE 1
ST AUGUSTINE, FL 32086 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 ( ) Delete
Name: WILLIAMS, TIMOTHY
Address: 1129 NECK ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: WILLIAMS-COHEN, ANDREA
Address: 4911 RUE STREET
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: COHEN, ANDREA
Address: 1047 FRUIT COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANDREA COHEN D 01/27/2009

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