

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000102443

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**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:**

1047 FRUIT COVE ROAD  
JACKSONVILLE, FL 32259

**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  
**Name:** WILLIAMS, TIMOTHY  
**Address:** 1129 NECK ROAD  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** MGRM  
**Name:** COHEN, ANDREA  
**Address:** 1047 FRUIT COVE ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32259

I hereby 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

MGRM

04/28/2010

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