

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102443

FILED
Apr 29, 2011
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:

1047 FRUIT COVE ROAD
JACKSONVILLE, FL 32259

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

Title: MGRM
Name: COHEN, ANDREA
Address: 1129 NECK ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

04/29/2011

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