

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000072470

**FILED**  
**Jun 22, 2010**  
**Secretary of State**

**Entity Name:** ALAN COHEN AND ASSOCIATES, LLC

**Current Principal Place of Business:**

13969 MAGNOLIA GLEN CIRCLE  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

955 NW FLAGLER AVE  
STUART, FL 34994 US

**Current Mailing Address:**

13969 MAGNOLIA GLEN CIRCLE  
ORLANDO, FL 32828 US

**New Mailing Address:**

955 NW FLAGLER AVE  
STUART, FL 34994 US

FEI Number: 26-1082653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

A.G.C. CO.  
200 S. ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

COHEN, ALAN S PRES  
955 NW FLAGLER AVE  
STUART, FL 34994 US

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: ALAN S COHEN

06/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: COHEN, ALAN PRES  
Address: 112 W BAY CEDAR CIR  
City-St-Zip: JUPITER, FL 33458 US

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: ALAN COHEN

PRES

06/22/2010

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