

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 003 ***138.75

DOCUMENT # L07000104753

1. Entity Name
COBEN & ROSEMAN ENTERPRISES LLC



Principal Place of Business
**5910 NW 58TH TER
PARKLAND, FL 33067**

Mailing Address
**5910 NW 58TH TER
PARKLAND, FL 33067**

50008648



2. Principal Place of Business - No P.O. Box # **3500 NW BOLA RATON BLVD**
Suite, Apt. #, etc. **BAY # 623**

3. Mailing Address
3500 NW BOLA RATON BLVD.
Suite, Apt. #, etc. **BAY # 623**

City & State
BOLA RATON, FL

City & State
BOLA RATON FL

Zip **33431** Country

Zip **33431** Country

07092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1431457** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**COBEN, JASON J
5910 NW 58TH TER
PARKLAND, FL 33067**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 DATE **7/14/08**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **COBEN, JASON J**
STREET ADDRESS **5910 NW 58TH TER**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **MGR** ☒ Delete
NAME **ROSEMAN, SCOTT**
STREET ADDRESS **5910 NW 58TH TER**
CITY-ST-ZIP **PARKLAND, FL 33067**

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 **MGR BOB PALMIERE** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1084 ANCHOR POINT**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

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

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

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NAME
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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

7/14/08 **561-860-4219**
Date Daytime Phone #