

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112106

Entity Name: KRON COCHRAN DESIGN, LLC

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

139 N. COUNTY ROAD, STE. 16  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

139 N. COUNTY ROAD, STE. 16  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 26-1365101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ATTERBURY, WILLIAM W III ESQ  
% ALLEY MAASS ROGERS & LINDSAY P.A.  
340 ROYAL POINCIANA WAY, STE. 321  
PALM BEACH, FL 33480 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: COCHRAN, DIAHANN  
Address: 139 N. COUNTY ROAD, STE. 16  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM ( ) Delete  
Name: KRON, ISABELLA  
Address: 139 N. COUNTY ROAD, STE. 16  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

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

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

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: DIAHANN COCHRAN

MEMB

01/21/2009

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