

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027109

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** COHEN'S WEDDING AND EVENT PLANNING / CUSTOMIZE GIFT BASKET'S L.L.C

**Current Principal Place of Business:**

9458 CARBONDALE DR. EAST  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9458 CARBONDALE DR. EAST  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 26-2193040      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

COHEN, MICHELLE L  
9458 CARBONDALE DR. EAST  
JACKSONVILLE, FL 32208      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** COHEN, MICHELLE L  
**Address:** 9458 CARBONDALE DR. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** MGR  
**Name:** GETTIS, SHONTAE J  
**Address:** 9458 CARBONDALE DR EAST  
**City-St-Zip:** JACKSONVILLE, FL 32208

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: MICHELLE COHEN

PRE

05/02/2010

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