

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027109

**FILED**  
**Apr 30, 2012**  
**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 ( )**

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

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

PRES

04/30/2012

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