2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2009
Secretary of State

DOCUMENT# L08000078910

Entity Name: GORDAN COHEN INSURANCE ADJUSTING LLC

Current Principal Place of Business:

874 YELLOW PINE AVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

874 YELLOW PINE AVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 26-3210169 **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:

COHEN, GORDAN
874 YELLOW PINE AVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

COHEN, GORDON
874 YELLOW PINE AVE
ROCKLEDGE, FL 32955 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: GORDON COHEN 06/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COHEN, GORDAN
Address: 874 YELLOW PINE AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR ( ) Delete
Name: COHEN, KRISTA
Address: 874 YELLOW PINE AVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COHEN, GORDON
Address: 874 YELLOW PINE AVE
City-St-Zip: ROCKLEDGE, FL 32955

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: GORDON COHEN MBR 06/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date