2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2012
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 ( )**

Name and Address of Current Registered Agent:

COHEN, GORDON
874 YELLOW PINE AVE
ROCKLEDGE, FL 32955 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: MGR
Name: COHEN, GORDON
Address: 874 YELLOW PINE AVE
City-St-Zip: ROCKLEDGE, FL 32955

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

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 Statues.

SIGNATURE: GORDON COHEN OWNE 05/07/2012

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