

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000013018

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** T. COHEN IMAGE CONSULTING, LLC

**Current Principal Place of Business:**

1803 DAYTONA LANE  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

1803 DAYTONA LANE  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

1201 CANAL STREET  
506  
NEW ORLEANS, LA 70112 US

**FEI Number:** 27-1830768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COHEN, TORI A  
1803 DAYTONA LANE  
JACKSONVILLE, FL 32218 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  
Name: COHEN, TORI A  
Address: 1201 CANAL STREET, #506  
City-St-Zip: NEW ORLEANS, LA 70112 US

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: TORI A. COHEN

MGRM

02/25/2011

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