

FILED
Apr 17, 2006 8:00 am
Secretary of State

30005317

DOCUMENT # M05000006495		
1. Entity Name COHEN FAMILY, LLC		
Principal Place of Business 4465 NORTH PARK DRIVE, SUITE 208 COLORADO SPRINGS, CO 80907		Mailing Address 4465 NORTH PARK DRIVE, SUITE 208 COLORADO SPRINGS, CO 80907
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FET Number 20-0920934		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent COHEN, MICHELLE L 1631 JACOBS ROAD SOUTH DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when releasing) Signature, typed or printed name of registered agent and title if applicable. DATE		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COHEN, ELLIOT S 4465 NORTH PARK DRIVE, SUITE 208 COLORADO SPRINGS, CO 80907 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Elliot S. Cohen</u> 3/13/06 7:19-531-5700 SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		