

2000 UNIFORM BUSINESS REPORT (UBR)

0012942 AF

DOCUMENT # M99000001196

1. Entity Name
COH, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 10 AM 9:29

Principal Place of Business
51 REEDER LANE
NEW CANAAN CT 06840

Mailing Address
51 REEDER LANE
NEW CANAAN CT 06840-3009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 North Beach Road

3. Mailing Address
51 Reeder Lane

Suite, Apt. #, etc.

City & State
Hobe Sound, FL

City & State
New Canaan, Ct.

Zip
33455

Country
USA

Zip
06840

Country
USA

4. FEI Number 31-1655214
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	CRUGER, CECILIE	51 REEDER LANE	NEW CANAAN CT 06840	<input type="checkbox"/>
MGRM	HAMILTON, FRANK T III	5070 DRAKE ROAD	CINCINNATI OH 45243	<input type="checkbox"/>
MGRM	OTT, PAULA	4325 WILLOW HILLS LANE	CINCINNATI OH 45243	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FRANK T. HAMILTON III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-29-00 (513) 271-2058

CR2E083 (9/99)