## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009182

Entity Name: GAIL S. COHEN, LLC

**Current Principal Place of Business:** 

1239 OCEANSHORE BLVD., UNIT 12B2 ORMOND BEACH, FL 32176

**Current Mailing Address:** 

1239 OCEANSHORE BLVD., UNIT 12B2 ORMOND BEACH, FL 32176

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIGGIO, ROBERT J. 400 S. PALMETTO AVE. DAYTONA BEACH, FL 32114 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: ROBERT J. RIGGIO 02/04/2016

Electronic Signature of Registered Agent

Date

FILED Feb 04, 2016

**Secretary of State** 

CC6841984709

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name COHEN, GAIL S. Name COHEN, ZEV

Address 1239 OCEANSHORE BLVD., UNIT 12B2 Address 1239 OCEANSHORE BLVD., UNIT 12B2

City-State-Zip: ORMOND BEACH FL 32176 City-State-Zip: ORMOND BEACH FL 32176

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAIL S. COHEN MGRM

Electronic Signature of Signing Authorized Person(s) Detail

02/04/2016 Date