

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021816

**Entity Name:** DEBORA COHEN LLC

**Current Principal Place of Business:**

7296 NW 22 DRIVE  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7296 NW 22 DRIVE  
PEMBROKE PINES, FL 33024

**FEI Number:** 20-4393599

**Certificate of Status Desired:** No

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

SILVAS FINANCIAL SERVICES, L.L.C.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COHEN, DEBORA  
Address 7296 NW 22 DRIVE  
City-State-Zip: PEMBROKE PINES FL 33024

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORA COHEN

**PRESIDENT**

**02/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date