

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000070740

Entity Name: FORD COCHRAN, LLC

Current Principal Place of Business:

1743 ARMISTEAD PLACE
TALLAHASSEE, FL 32308

Current Mailing Address:

1743 ARMISTEAD PLACE
TALLAHASSEE, FL 32308

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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 DR
Name FORD, JERRY G
Address 1743 ARMISTEAD PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title MRS
Name FORD, CAY C
Address 1743 ARMISTEAD PLACE
City-State-Zip: TALLAHASSEE FL 32308

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: CAY COCHRAN FORD

01/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date