

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000058955

**Entity Name:** CLIENT REGIONAL SERVICES, LLC

**Current Principal Place of Business:**

7606 DRAGON FLY LOOP  
GIBSONTON, FL 33534

**Current Mailing Address:**

PO BOX 634  
GIBSONTON, FL 33534 US

**FEI Number:** 47-3512603

**Certificate of Status Desired:** No

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

COHEN, MOISES SR.  
7606 DRAGON FLY LOOP  
GIBSONTON, FL 33534 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:** MOISES COHEN

04/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	COHEN, MOISES	Name	COHEN, JASMINE Y
Address	1067 E BRANDON BLVD	Address	PO BOX 634
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	GIBSONTON FL 33534

*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:** MOISES COHEN

MGR

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date