## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000065359

**Entity Name: COHESION CONSULTING LLC** 

**Current Principal Place of Business:** 

511 W. BAY STREET #480 TAMPA, FL 33606

**Current Mailing Address:** 

511 W. BAY STREET #480 TAMPA, FL 33606 US

FEI Number: 47-3870147 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LARSON, JOHN C 532 CHEVAL DRIVE VENICE, FL 34292 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

FILED Feb 14, 2017

**Secretary of State** 

CC7452079869

Authorized Person(s) Detail:

Title MGR Title

NameOWENS, JOHNNameLARSON, JOHN CAddress511 W. BAY STREET #480Address532 CHEVAL DRIVECity-State-Zip:TAMPA FL 33606City-State-Zip: VENICE FL 34292

Title DIRECTOR OF ACCOUNTING
Name HOFFBAUER, JULIA MARIE
Address 511 W. BAY STREET #480

City-State-Zip: TAMPA FL 33606

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: JULIA HOFFBAUER

DIRECTOR OF ACCOUNTING

MGR

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date