

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000076126

Entity Name: COHEN TEAM LLC**Current Principal Place of Business:**860 GOLDEN CANE DR
WESTON, FL 33327**Current Mailing Address:**860 GOLDEN CANE DR
WESTON, FL 33327**FEI Number:** 82-1103896**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SALVER & COOK LLP
2721 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:** VANESSA PIEDRAHITA

02/02/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name COHEN, KAREN ARMANDO
Address 860 GOLDEN CANE DR
City-State-Zip: WESTON FL 33327

Title AUTHORIZED MEMBER
Name COHEN, KERIT A
Address 860 GOLDEN CANE DR
City-State-Zip: WESTON FL 33327

Title AUTHORIZED MEMBER
Name COHEN, IVETT S
Address 860 GOLDEN CANE DR
City-State-Zip: WESTON FL 33327

Title DIRECTOR
Name GARCIA , ANDRES ELOY
Address 3898 NW 52ND STREET
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name COHEN , KARIF DAVID
Address 860 GOLDEN CANE DR
City-State-Zip: WESTON FL 33327

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: KAREN ARMANDO COHEN

MEMBER

02/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date