

2020 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:

COHEN, KAREN A
860 GOLDEN CANE DR
WESTON, FL 33327 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 CEO
Name COHEN, KAREN A
Address 860 GOLDEN CANE DR
City-State-Zip: WESTON FL 33327

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

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

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

Title VP
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

CEO

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date