

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000237145

**Entity Name:** RONALD A. COHEN DDS, LLC

**Current Principal Place of Business:**

8880 ROYAL PALM BLVD.  
UNIT 201  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8880 ROYAL PALM BLVD.  
UNIT 201  
CORAL SPRINGS, FL 33065 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COHEN, RONALD A  
8880 ROYAL PALM BLVD.  
UNIT 201  
CORAL SPRINGS, FL 33065 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 MGR  
Name COHEN, RONALD A  
Address 8880 ROYAL PALM BLVD. #201  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** RONALD A. COHEN

**MGR**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date