

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000241981

**Entity Name:** COHEN TRUST HOLDINGS WG, LLC

**Current Principal Place of Business:**

1620 MAYFLOWER CT  
A615  
WINTER PARK, FL 32792

**Current Mailing Address:**

PO BOX 470777  
BROOKLINE, MA 02447 US

**FEI Number:** 82-3538393

**Certificate of Status Desired:** No

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

OSWALD & OSWALD, PL  
222 S. WESTMONTE DR.  
SUITE 206  
ALTAMONTE SPRINGS, FL 32714 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	AMBR	Title	AMBR
Name	COHEN, RICHARD S REVOCABLE TRUST	Name	WILLIAMS, JENNY W REVOCABLE TRUST
Address	1620 MAYFLOWER CT A615	Address	1620 MAYFLOWER CT A615
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792

*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:** RICHARD COHEN

AMBR

05/30/2020

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

\_\_\_\_\_  
Date