

**2019 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  
Name COHEN, RICHARD S REVOCABLE TRUST  
Address 1620 MAYFLOWER CT  
A615  
City-State-Zip: WINTER PARK FL 32792

Title AMBR  
Name WILLIAMS, JENNY W REVOCABLE TRUST  
Address 1620 MAYFLOWER CT  
A615  
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 S COHEN

AMBR

04/30/2019

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

\_\_\_\_\_  
Date