

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000091676

**Entity Name:** COZIES, LLC

**Current Principal Place of Business:**

4590 TURNBERRY CIR.  
NORTH PORT, FL 34288

**Current Mailing Address:**

4590 TURNBERRY CIR.  
NORTH PORT, FL 34288

**FEI Number:** 82-5266113

**Certificate of Status Desired:** No

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

WILSON, MICHAEL M  
17801 MURDOCK CIR., STE. A  
PORT CHARLOTTE, FL 33948 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	Title	MGR
Name	FOUNTAIN, P. BURKE	Name	NEWFIELD, SARAH C
Address	4590 TURNBERRY CIR.	Address	4590 TURNBERRY CIR.
City-State-Zip:	NORTH PORT FL 34288	City-State-Zip:	NORTH PORT FL 34288

*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:** NEWFIELD, SARAH C

**MANAGER**

**02/06/2021**

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

\_\_\_\_\_ Date