

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000117859

**Entity Name:** AUTOMATCH PLUS LLC

**Current Principal Place of Business:**

1010 CAPITAL CIR SW  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

5640 MOSSY TOP WAY  
TALLAHASSEE, FL 32303 US

**FEI Number:** 46-5556719

**Certificate of Status Desired:** Yes

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

COHEN, MARVIN D  
5640 MOSSY TOP WAY  
TALLAHASSEE, FL 32303 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, MARVIN  
Address 1010 CAPITAL CIRCLE SW  
City-State-Zip: TALLAHASSEE FL 32304

*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:** MARVIN COHEN

**OWNER**

**04/28/2025**

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

\_\_\_\_\_  
Date