

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075502

FILED  
Apr 10, 2010  
Secretary of State

Entity Name: BOVE, LLC

**Current Principal Place of Business:**

4300 MARSH LANDING BLVD.  
SUITE 202  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

354 ROYAL TERN ROAD S  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

4300 MARSH LANDING BLVD.  
SUITE 202  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

354 ROYAL TERN ROAD S  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 26-3134583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HATHAWAY & REYNOLDS, P.A.  
115 PROFESSIONAL DRIVE  
SUITE 101  
PONTE VEDRA BEACH, FL 32082 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOVE, GABRIEL M  
Address: 4300 MARSH LANDING BLVD., STE. 202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM  
Name: BOVE, PHYLLIS  
Address: 4300 MARSH LANDING BLVD., STE. 202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GABRIEL M. BOVE

MGRM

04/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date