

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009182

Entity Name: HIGH COVE, L.C.

Current Principal Place of Business:

500 ARTISTS AVE
ENGLEWOOD, FL 34223

Current Mailing Address:

P.O. BOX 2097
ENGLEWOOD, FL 34295 US

FEI Number: 59-3696764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERRILL, ANNE
500 ARTISTS AVE
ENGLEWOOD, FL 34223 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 MGRM
Name BRAIN, DAVID
Address PO BOX 2097
City-State-Zip: ENGLEWOOD FL 34295

Title MGRM
Name MERRILL, ANNE L
Address P.O. BOX 2097
City-State-Zip: ENGLEWOOD FL 34295

Title MGRM
Name MOORE, JOHN D
Address PO BOX 2097
City-State-Zip: ENGLEWOOD FL 34295

Title MGRM
Name RONAY, OLGA
Address PO BOX 2097
City-State-Zip: ENGLEWOOD FL 34295

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: ANNE L. MERRILL

MGRM

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date