

**2020 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:**

500 ARTISTS AVE  
ENGLEWOOD, FL 34223 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 500 ARTISTS AVE  
City-State-Zip: ENGLEWOOD FL 34223

Title MGRM  
Name MERRILL, ANNE L  
Address 500 ARTISTS AVE  
City-State-Zip: ENGLEWOOD FL 34223

Title MGRM  
Name MOORE, JOHN D  
Address 500 ARTISTS AVE  
City-State-Zip: ENGLEWOOD FL 34223

Title MGRM  
Name RONAY, OLGA  
Address 500 ARTISTS AVE  
City-State-Zip: ENGLEWOOD FL 34223

*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 MERRILL

**MANAGING MEMBER**

**06/04/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date