

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000005468

**Entity Name:** 8834 GREAT COVE DR, LLC

**Current Principal Place of Business:**

8834 GREAT COVE DR  
ORLANDO, FL 32819

**Current Mailing Address:**

8834 GREAT COVE DR  
ORLANDO, FL 32819 US

**FEI Number:** 45-4248671

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819 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:** CAROLINE LARSON

03/04/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name SANT'ANNA, VALERIA N  
Address 8834 GREAT COVE DR  
City-State-Zip: ORLANDO FL 32819

Title AUTHORIZED MEMBER  
Name SANT'ANNA COSTA, ANA CARLA  
Address 8834 GREAT COVE DR  
City-State-Zip: ORLANDO FL 32819

*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:** SANT'ANNA , VALERIA N

AUTHORIZED MEMBER 03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date