

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000096844

Entity Name: COVE CORNER, LLC

Current Principal Place of Business:

11455 NW FORD FARM TRAIL
BRISTOL, FL 32321

Current Mailing Address:

11455 NW FORD FARM TRAIL
BRISTOL, FL 32321 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYLER, TESSA F
11455 NW FORD FARM TRAIL
BRISTOL, FL 32321 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 AMBR
Name BYLER, TESSA
Address 11455 NW FORD FARM TRAIL
City-State-Zip: BRISTOL FL 32321

Title AMBR
Name ROBERTS, STEPHENIE
Address 22404 NE SR 20
City-State-Zip: HOSFORD FL 32334

Title AMBR
Name FORD, JUSTIN
Address 16525 NW BAILEY LANE
City-State-Zip: BRISTOL FL 32321

Title AMBR
Name FORD, JACE
Address 11661 NW FORD FARM TRAIL
City-State-Zip: BRISTOL FL 32321

Title AMBR
Name FORD, STEPHEN
Address 11472 NW FORD FARM TRAIL
City-State-Zip: BRISTOL FL 32321

Title AMBR
Name BYLER, NOAH
Address 11455 NW FORD FARM TRAIL
City-State-Zip: BRISTOL FL 32321

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: TESSA BYLER

OWNER

04/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date