

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000226657

Entity Name: COVARIATE LLC

Current Principal Place of Business:

3030 N ROCKY POINT DR STE 150A
TAMPA, FL 33607

Current Mailing Address:

3030 N ROCKY POINT DR STE 150A
TAMPA, FL 33607 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC.
7901 4TH STREET N,
SUITE 300
ST.PETERSBURG, FL 33702 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 WILLIAMS, GRANT
Address 3030 N ROCKY POINT DR STE 150A
City-State-Zip: TAMPA FL 33607

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: GRANT H. WILLIAMS

FOUNDER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date