

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000072554

**Entity Name:** ULTRACOVER LLC

**Current Principal Place of Business:**

109 SE 5TH AVENUE 2ND FLOOR  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

109 SE 5TH AVE 2ND FLOOR  
DELRAY BEACH, FL 33483 US

**FEI Number:** 88-0821363

**Certificate of Status Desired:** No

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

CDS RETAIL LLC  
109 SE 5TH AVENUE 2ND FLOOR  
DELRAY BEACH, FL 33438 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 MGR  
Name NAGY, LASZLO  
Address 5907 SANBIRCH WAY  
City-State-Zip: LAKE WORTH FL 33463

Title MGR  
Name BOLLA, TUNDE  
Address 5907 SANBIRCH WAY  
City-State-Zip: LAKE WORTH FL 33463

Title MANAGER  
Name MILMOE, WILLIAM H  
Address 109 SE 5TH AVENUE 2ND FLOOR  
City-State-Zip: DELRAY BEACH FL 33483

Title MANAGER  
Name JANAWITZ, JEFFREY  
Address 109 SE 5TH AVENUE 2ND FLOOR  
City-State-Zip: DELRAY BEACH FL 33483

Title MANAGING MEMBER  
Name CDS RETAIL LLC  
Address 109 SE 5TH AVENUE 2ND FLOOR  
City-State-Zip: DELRAY BEACH FL 33483

Title AMBR  
Name CDS RETAIL LLC  
Address 109 SE 5TH AVENUE 2ND FLOOR  
City-State-Zip: DELRAY BEACH FL 33438

Title MGR  
Name BAKER, JAMES  
Address 109 SE 5TH AVE 2ND FLOOR  
City-State-Zip: DELRAY BEACH FL 33483

*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:** WILLIAM MILMOE

**MGR**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date