

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015017

1. Entity Name

COVE LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2022 SE 21ST LN

2022 SE 21st Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

Cape Coral, FL

Zip

33990

Country

FL. USA

Zip

33990-4746

Country

USA

4. FEI Number

65-1059000

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wilfried Maier

2022 SE 21st Ln
Cape Coral, FL 33990-4746

Name

WILFRIED MAIER

Street Address (P.O. Box Number is Not Acceptable)

2022 SE 21st Ln

City

CAPE CORAL

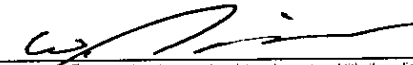
FL

Zip Code

33990

8. 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



W. MAIER

04-13-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004035860--8

-04/20/01--01086--009

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Wilfried Maier
2022 SE 21st Ln
Cape Coral, FL 33990-4746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Hannelore Maier
2022 SE 21st Ln
Cape Coral, FL 33990-4746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:



W. MAIER

03-29-01

941-573-9404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/00)