

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0075921

DOCUMENT # L01000010362

1. Entity Name

THE COVE DEVELOPMENT COMPANY, LLC



FILED

03 MAY 14 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1909-3 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

Mailing Address

1909-3 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3727426

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

CARRUTHERS, MICHAEL D
1909-3 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CARRUTHERS, MICHAEL D
STREET ADDRESS 1909-3 CAPITAL CIRCLE, N.E.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS 700018955597
CITY-ST-ZIP 05/14/03--01071--012 **111.25

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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:

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

4/22/03 850/545-6468

Daytime Phone #

CR2E083 (10/02)