

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006083**

1. Entity Name

COVENANT FINANCIAL SERVICES LLC



Principal Place of Business

4336 PABLO OAKS COURT  
JACKSONVILLE, FL 32224

Mailing Address

4336 PABLO OAKS COURT  
JACKSONVILLE, FL 32224



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0630809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA  
225 WATER ST., SUITE 1800  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME BROOKS, GREG  
STREET ADDRESS 267 SOPHIA TERRACE  
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

TITLE MGR  
NAME GLISSON, DON JR  
STREET ADDRESS 4451 CATHEYS CLUB LN  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000783299  
01/16/08-80009-007 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *David Zavarrella* **David Zavarrella**

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

*1/8/08*

Date

*904.223.1111 x.202*

Daytime Phone #