

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011369

1. Entity Name
FREIDA COVER, LLC



Principal Place of Business
C/O STEVEN A. SCIARRETTA, P.A.
2300 GLADES RD., STE. 302-EAST
BOCA RATON, FL 33431

Mailing Address
C/O STEVEN A. SCIARRETTA, P.A.
2300 GLADES RD., STE. 302-EAST
BOCA RATON, FL 33431

FILED

04 MAY 18 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3656627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQUIRE
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

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

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCIARRETTA, STEVEN A ESQ.
2300 GLADES RD. STE 302-EAST
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800037302418
05/25/04--01088--011 **4123.75

DO NOT WRITE
IN THIS SPACE

\$50.00
OK

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, OR AUTHORIZED REPRESENTATIVE

4/30/04

Date

Daytime Phone #