

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

APPROVE.  
AND  
FILED

06 MAY -9 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



05012006 No Chg-LLC

CR2E083 (11/05)

**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, 2006**

**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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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: \_\_\_\_\_

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

Date

Daytime Phone #

519  
02