

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90048 014 ****50.00

DOCUMENT # L02000013323

1. Entity Name
COVERCLUB, LLC



Principal Place of Business
550 11TH STREET STE. 108
MIAMI BEACH, FL 33139

Mailing Address
550 11TH STREET STE. 108
MIAMI BEACH, FL 33139

2. Principal Place of Business
10775 Collins AVE

3. Mailing Address
10775 Collins AVE

Suite, Apt. #, etc.
Suite 1521

Suite, Apt. #, etc.
Suite 1521

City & State
BAL HARBOUR, FL

City & State
BAL HARBOUR, FL

Zip
33154

Country
US

Zip
33154

Country
US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
LA-0885726

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, JOSHUA
GILL & ASSOCIATES, P.A.
1499 W. PALMETTO PARK ROAD STE. 312
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name
ALEJANDRO ACASO

Street Address (P.O. Box Number is Not Acceptable)
10775 Collins AVE

Suite 1521

City
BAL HARBOUR

FL

Zip Code
33154

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]

ALEJANDRO ACASO

03/19/03

(Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when certifying)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
PRESIDENT
NAME
ALEJANDRO ACASO
STREET ADDRESS
10775 Collins AVE Suite 1521
CITY-ST-ZIP
BAL HARBOUR, FL 33154

☐ Delete

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10. ADDITIONS/CHANGES

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TITLE
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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:

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

Date

Daytime Phone #

CR2E083 (10/02)