

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016363

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: COVEMONT CO, LLC

**Current Principal Place of Business:**

6501 NW 36 STREET  
101  
VIRGINIA GARDENS, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

6501 NW 36 STREET  
101  
VIRGINIA GARDENS, FL 33166 US

**New Mailing Address:**

FEI Number: 22-3884894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POZO, ZAEDY R  
2655 LE JEUNE ROAD, PENTHOUSE ID  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

TARAF A, ROBERTO  
6501 NW 36 STREET  
SUITE 101  
MIAMI, FL 33166 US

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.

SIGNATURE: ROBERTO M. TARAF A      04/18/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POZO, ZAEDY R  
Address: 2655 LEJEUNE ROAD, PENTHOUSE ID  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Delete  
Name: TARAF A, ROBERTO M  
Address: 6501 NW 36 STREET, SUITE 101  
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: MGRM ( ) Delete  
Name: TARAF A, JOVANNI R  
Address: 6501 NW 36 STREET, SUITE 101  
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: MGRM (X) Delete  
Name: TARAF A, ROBERTO C  
Address: 6501 NW 36 STREET, SUITE 101  
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PEREZ, RAFAEL  
Address: 6501 NW 36 STREET, SUITE 101  
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTO M. TARAF A      MGR      04/18/2007  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date