

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016363

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** COVEMONT CO, LLC

**Current Principal Place of Business:**

8857 NW 117 STREET  
HIALEAH GARDENS, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**

8857 NW 117 STREET  
HIALEAH GARDENS, FL 33018 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:**

TARAFI, ROBERTO M  
8857 NW 117 STREET  
HIALEAH GARDENS, FL 33018 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TARAFI, ROBERTO C  
Address: 8857 NW 117 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: MGRM  
Name: TARAFI, ROBERTO M  
Address: 8857 NW 117 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: MGRM  
Name: TARAFI, JEOVANNI R  
Address: 8857 NW 117 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

I hereby 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. TARAFI

RA

04/22/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date