


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000032524 1. Entity Name COVINGTON'S OF SOUTHWEST FLORIDA, LLC	
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Principal Place of Business 1037 5TH AVENUE NORTH NAPLES, FL 34102	Mailing Address 1037 5TH AVENUE NORTH NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0438143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRABINSKI, MATTHEW L ESQ.
 % GARLICK, STETLER & PEEPLES, LLP
 4001 TAMiami TRAIL N # 300
 NAPLES, FL 34103

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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)

00000088 0472
 04/17/08-80046-001 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULLIFORD, JOHN T 2120 SHAD COURT NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: 4-2-08 Daytime Phone #: 239-263-4224

John T. Gulliford