

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032524

**FILED**  
**Mar 02, 2009**  
**Secretary of State**

**Entity Name:** COVINGTON'S OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

1037 5TH AVENUE NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1037 5TH AVENUE NORTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 51-0438143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRABINSKI, MATTHEW L ESQ.  
% GARLICK, STETLER & PEEPLES, LLP  
4001 TAMiami TRAIL N # 300  
NAPLES, FL 34103 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: MGR ( ) Delete  
Name: GULLIFORD, JOHN T  
Address: 2120 SHAD COURT  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN T. GULLIFORD

MR.

03/02/2009

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