

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038829

1. Entity Name
EBER COVE, LLC



Principal Place of Business

432 S. BABCOCK ST.
MELBOURNE, FL 32901

Mailing Address

432 S. BABCOCK ST.
MELBOURNE, FL 32901

FILED
Apr 14, 2008 08:00 A
Secretary of State



03192008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-0295201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SRVS LLC
800 N MAGNOLIA AVE
STE 1500
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PEZZEMINTI, JERRY JR.
STREET ADDRESS 432 S. BABCOCK ST.
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGR
NAME PEZZEMINTI, ALEXANDER
STREET ADDRESS 432 S. BABCOCK ST.
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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

3/21/08 321-722-5033

Date

Daytime Phone #