

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041154

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE COUVER STREET LIMITED COMPANY

Current Principal Place of Business:

7042 TWIN HILLS TERRACE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

7042 TWIN HILLS TERRACE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 73-1710049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUARTERMAINE, ERIKA
7042 TWIN HILLS TERRACE
BRADENTON, FL 34202 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: MM () Delete
Name: QUARTERMAINE, SAMUEL
Address: 3716 W TACON ST
City-St-Zip: TAMPA, FL 33629

Title: MM () Delete
Name: QUARTERMAINE, ERIKA
Address: 3716 W TACON ST
City-St-Zip: TAMPA, FL 33629

Title: MM () Delete
Name: QUARTERMAINE, LYNN
Address: 1660 WISCONSIN LANE
City-St-Zip: SARASOTA, FL 34239

Title: MM () Delete
Name: QUARTERMAINE, ROSEMARY
Address: 1660 WISCONSIN LANE
City-St-Zip: SARASOTA, FL 33629

ADDITIONS/CHANGES:

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

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

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

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: ERIKA NIKLA QUARTERMAINE

MM

04/28/2009

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