

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013963

Entity Name: COVID ENTERPRISES, LLC

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

13746 CARLTON STREET  
WELLINGTON, FL 33414

## New Principal Place of Business:

6742 FOREST HILL BLVD.  
#184  
WEST PALM BEACH, FL 33413

## Current Mailing Address:

13746 CARLTON STREET  
WELLINGTON, FL 33414

## New Mailing Address:

6742 FOREST HILL BLVD.  
#184  
WEST PALM BEACH, FL 33413

FEI Number: 20-2538893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRUE, DAVID  
13746 CARLTON STREET  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

BRUE, EILEEN  
6742 FOREST HILL BLVD.  
#184  
WEST PALM BEACH, FL 33413 US

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: EILEEN BRUE

03/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BRUE, DAVID  
Address: 13746 CARLTON STREET  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Delete  
Name: BRUE, COLLEEN W  
Address: 13746 CARLTON STREET  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Delete  
Name: BRUE, EILEEN R  
Address: 13746 CARLTON STREET  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BRUE, EILEEN  
Address: 6742 FOREST HILL BLVD #184  
City-St-Zip: WEST PALM BEACH, FL 33413

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: EILEEN BRUE

MGRM

03/19/2009

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