

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030148

Entity Name: CELOVY, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

956 SURF LANE
VERO BEACH, FL 32963

New Principal Place of Business:

21 ROYAL PALM POINTE, STE 100
VERO BEACH, FL 32960

Current Mailing Address:

956 SURF LANE
VERO BEACH, FL 32963

New Mailing Address:

21 ROYAL PALM POINTE, STE 100
VERO BEACH, FL 32960

FEI Number: 20-8847218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANA, YANE
956 SURF LANE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

BLOCK, SAMUEL A
21 ROYAL PALM POINTE
SUITE 100
VERO BEACH, FL 32960 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: SAMUEL A BLOCK

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECLERCQ, ALAIN
Address: 956 SURF LANE
City-St-Zip: VERO BEACH, FL 32963

Title: MGR () Delete
Name: ZANA, YANE
Address: 956 SURF LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LECLERCQ, ALAIN
Address: 956 SURF LANE
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM (X) Change () Addition
Name: ZANA, YANE
Address: 956 SURF LANE
City-St-Zip: VERO BEACH, FL 32963

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: SAMUEL A BLOCK

RA

04/28/2009

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