2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L06000066393

Entity Name: COVER YOUR ASSETS, LLC

Current Principal Place of Business:

1429 W SMITH STREET
ORLANDO, FL 32804

New Principal Place of Business:

7819 PINE HAVEN CT
ORLANDO, FL 32819

Current Mailing Address:

1429 W SMITH STREET
ORLANDO, FL 32804

New Mailing Address:

7819 PINE HAVEN CT
ORLANDO, FL 32819

FEI Number: 20-5269444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, CHAD E
1429 W SMITH STREET
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ROBINSON, CHAD E
7819 PINE HAVEN CT
ORLANDO, FL 32819 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: CHAD ROBINSON 03/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROBINSON, CHAD E
Address: 1429 W SMITH STREET
City-St-Zip: ORLANDO, FL 32804

Title: MGRM ( ) Delete
Name: ROBINSON, CHRISTINA L
Address: 1429 W SMITH STREET
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROBINSON, CHAD E
Address: 7819 PINE HAVEN CT
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition
Name: ROBINSON, CHRISTINA L
Address: 7819 PINE HAVEN CT
City-St-Zip: ORLANDO, FL 32819

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: CHRISTINA ROBINSON MGRM 03/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date