2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90189 027 ***138.75

DOCUMENT # L06000087328

1. Entity Name
J.E. COVAS & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828	P.O. BOX 780803 ORLANDO, FL 32878-0803

DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
56-2665478
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COVAS, JUAN EDGAR
741 MAGNOLIA CREEK CIRCLE
ORLANDO, FL 32828

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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 _____ 3/12/08
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	MGRM
NAME	CASTRODAD, WANDA I
STREET ADDRESS	741 MAGNOLIA CREEK CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	MGRM
NAME	COVAS, MARIE F
STREET ADDRESS	741 MAGNOLIA CREEK CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	MGRM
NAME	COVAS, JUAN
STREET ADDRESS	741 MAGNOLIA CREEK CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ Juan R Covas 3/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #