

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073572

FILED
Jul 01, 2008
Secretary of State

Entity Name: COVILLE GETZ & CO., LLC

Current Principal Place of Business:

100 S. RIVERSIDE PLACE
INDIALANTIC, FL 32903

New Principal Place of Business:

100 S. RIVERSIDE PLACE
SUITE 101
INDIALANTIC, FL 32903

Current Mailing Address:

100 S. RIVERSIDE PLACE
INDIALANTIC, FL 32903

New Mailing Address:

100 S. RIVERSIDE PLACE
SUITE 101
INDIALANTIC, FL 32903

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DERATANY GOLDFARB, BROOKE ESQ
107 S. RIVERSIDE PLACE
INDIALANTIC, FL 32903 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: MGR () Delete
Name: COVILLE, KAREN
Address: 100 S. RIVERSIDE PLACE
City-St-Zip: INDIALANTIC, FL 32903

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COVILLE, KAREN
Address: 115 CORTEZ
City-St-Zip: MELBOURNE, FL 32951

Title: MGR () Change (X) Addition
Name: GETZ, JANTINA
Address: 2020 N SHANNON
City-St-Zip: INDIALANTIC, FL 32903

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: JANTINAGETZ

MGR

07/01/2008

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