

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116360

Entity Name: TREASURE COVE LLC

FILED
Aug 10, 2008
Secretary of State

Current Principal Place of Business:

8349 FOREST OAKS BLVD
SPRING HILL, FL 34606

New Principal Place of Business:

5240 MARINER BLVD.
SPRING HILL, FL 34609

Current Mailing Address:

8349 FOREST OAKS BLVD
SPRING HILL, FL 34606

New Mailing Address:

5240 MARINER BLVD.
SPRING HILL, FL 34609

FEI Number: 51-0656456 FEI Number Applied For () FEI Number Not Applicable () 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:

GRACZYK, TAMMY
8349 FOREST OAKS BLVD
SPRING HILL, FL 34606 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: MGRM () Delete
Name: GRACZYK, TAMMY
Address: 8349 FOREST OAKS BLVD
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM () Delete
Name: RUSSELL, FREDRICK
Address: 136 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RUSSELL, FREDERICK
Address: 1167 ALBURY AVE.
City-St-Zip: SPRING HILL, FL 34606

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: TAMMY GRACZYK

MGRM

08/10/2008

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