

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003016

FILED
Jun 17, 2009
Secretary of State

Entity Name: COVE CENTER FOR RECOVERY, LLC

Current Principal Place of Business:

2499 GLADES RD, STE 107
BOCA RATON, FL 33431

New Principal Place of Business:

24 SW10 STREET
FORT LAUDERDALE, FL 33315

Current Mailing Address:

2499 GLADES RD, STE 107
BOCA RATON, FL 33431

New Mailing Address:

757 SE 17TH STREET
328
FORT LAUDERDALE, FL 33316

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRADEN, LISA
4623 FOREST HILL BLVD
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

WALSH, CHRIS OWNER
757 SE 17TH STREET
328
FORT LAUDERDALE, FL 33316 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: CHRISTOPHER WALSH, OWNER

06/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALSH, CHRISTOPHER
Address: 2499 GLADES RD, STE 107
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALSH, CHRISTOPHER MGR
Address: 757 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

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: CHRISTOPHER WALSH

OWNE

06/17/2009

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