2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# L08000003016

Entity Name: COVE CENTER FOR RECOVERY, LLC

Current Principal Place of Business:

24 SW 10TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

757 SE 17TH STREET
#328
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 41-2264142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALSH, CHRIS OWNER
757 SE 17TH STREET
328
FORT LAUDERDALE, FL 33316 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
Name: WALSH, CHRISTOPHER MGR
Address: 757 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby 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 Statues.

SIGNATURE: CHRISTOPHER R WALSH M M 04/27/2011

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