

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000003016

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**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:** MMBR  
**Name:** WALSH, CHRISTOPHER MMGR  
**Address:** 757 SE 17TH STREET #328  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

**Title:** MGR  
**Name:** KAREN, CORCORAN WALSH  
**Address:** 757 SE 17TH STREET #328  
**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 Statutes.

SIGNATURE: CHRISTOPHER R WALSH

MMBR

04/17/2012

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