

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000011847

**FILED**  
**Sep 16, 2012**  
**Secretary of State**

**Entity Name:** COVESIDE LLC

**Current Principal Place of Business:**

4495-304 ROOSEVELT BLVD #126  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

4495-304 ROOSEVELT BLVD #126  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

**FEI Number:** 26-1936631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFFSES, KEITH E  
1008 ST JOHNS AVE  
GREEN COVE SPRINGS, FL 32043 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  
**Name:** HOFFSES, KEITH E  
**Address:** 1008 ST JOHNS AVE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043 US

**Title:** MGRM  
**Name:** MARTIN, LILLIAN M  
**Address:** 411 WALNUT ST #4724  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043 US

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:** KEITH E HOFFSES

MGRM

09/16/2012

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