

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065042

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** GOTCHA COVERED SERVICES, L.L.C.

**Current Principal Place of Business:**

10127 ARMANI DRIVE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

10127 ARMANI DRIVE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 26-2919414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SLATER, CALVIN L RA  
10127 ARMANI DRIVE  
BOYNTON BEACH, FL 33437 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:** SLATER, CALVIN L  
**Address:** 10127 ARMANI DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** MGRM  
**Name:** GOODMAN, MELISSA A  
**Address:** 55 PRINCEWOOD LANE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** MGRM  
**Name:** SLATER, ROCHELLE H  
**Address:** 10127 ARMANI DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33437

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:** ROCHELLE SLATER

MGR.

02/23/2012

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