

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061559

Entity Name: COVERFRAME LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

941 CAMELLIA AVE  
WINTER PARK, 32789 FL

**New Principal Place of Business:**

941 CAMELLIA AVE  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

941 CAMELLIA AVE  
WINTER PARK, 32789 FL

**New Mailing Address:**

941 CAMELLIA AVE  
WINTER PARK, FL 32789 US

FEI Number: 27-0889279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWMAN, JENINE P MS  
941 CAMELLIA AVE  
WINTER PARK, FL 32789 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: NEWMAN, JENINE P MS  
Address: 941 CAMELLIA AVE  
City-St-Zip: WINTER PARK, FL 32789

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: JENINE NEWMAN

OWNE

02/16/2010

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