

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087864

Entity Name: COVE STORAGE LLC

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5267 SW CAPITAL CIRCLE  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

454 TIGER HAMMOCK ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 27-4456510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLANKEMEYER, KURT R  
454 TIGER HAMMOCK ROAD  
CRAWFORDVILLE, FL 32327 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: BLANKEMEYER, KURT R  
Address: 454 TIGER HAMMOCK ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM  
Name: BLANKEMEYER, ROBERT L  
Address: 16121 ROAD 17-N  
City-St-Zip: FORT JENNINGS, OH 45844

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: KURT R BLANKEMEYER

MGR

03/03/2011

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