

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002734

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** COVER MANAGEMENT, LLC

**Current Principal Place of Business:**

12864 BISCAYNE BLVD.  
#266  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12864 BISCAYNE BLVD  
266  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 38-3431594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BONDS, BURT  
12864 BISCAYNE BLVD  
266  
NORTH MIAMI, FL 33181 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: P  
Name: BONDS, BURT G  
Address: 12864 BISCAYNE BLVD., #266  
City-St-Zip: NORTH MIAMI, FL 33181

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: BURT BONDS      MGRM      01/18/2012

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