## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016363

Entity Name: COVEMONT CO, LLC

**Current Principal Place of Business:** 

8857 NW 117 STREET

HIALEAH GARDENS, FL 33018

**Current Mailing Address:** 

8857 NW 117 STREET

HIALEAH GARDENS. FL 33018 US

FEI Number: 22-3884894 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TARAFA, ROBERTO M 8857 NW 117 STREET HIALEAH GARDENS, FL 33018 US

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

**FILED** Feb 22, 2013

**Secretary of State** 

CC4539559095

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

TARAFA, ROBERTO C TARAFA, ROBERTO M Name Name 8857 NW 117 STREET Address 8857 NW 117 STREET Address

City-State-Zip: HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018 City-State-Zip:

Title **MGRM** 

TARAFA, JEOVANNI R Name Address 8857 NW 117 STREET

City-State-Zip: HIALEAH GARDENS FL 33018

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO TARAFA

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

02/22/2013