

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016363

**Entity Name:** COVEMONT CO, LLC

**Current Principal Place of Business:**

522954  
MIAMI, FL 33152

**Current Mailing Address:**

PO BOX 522954  
MIAMI, FL 33152 US

**FEI Number: 22-3884894**

**Certificate of Status Desired: No**

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

TARAFA, ROBERTO M  
522954  
MIAMI, FL 33152 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	TARAFA, ROBERTO C	Name	TARAFA, ROBERTO M
Address	PO BOX 522954	Address	PO BOX 522954
City-State-Zip:	MIAMI FL 33152	City-State-Zip:	MIAMI FL 33152

Title MGRM  
Name TARAFA, JEOVANNI R  
Address PO BOX 522954  
City-State-Zip: MIAMI FL 33152

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERTO TARAFA**

**PRESIDENT**

**04/23/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date