

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000001221

**Entity Name:** CRYSTAL COVE, L.L.C.

**Current Principal Place of Business:**

11991 SE TIFFANY WAY  
TEQUESTA, FL 33469

**Current Mailing Address:**

C/O GARY VAN BROCK  
P.O. BOX 3251  
TEQUESTA, FL 33469 US

**FEI Number:** 43-2039376

**Certificate of Status Desired:** No

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

VAN BROCK, GARY  
11991 SE TIFFANY WAY  
TEQUESTA, FL 33469 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	ALTERNATE MANAGING MEMBER
Name	VAN BROCK, GARY	Name	VAN BROCK, GAIL
Address	P.O. BOX 3251	Address	C/O GARY VAN BROCK P.O. BOX 3251
City-State-Zip:	TEQUESTA FL 33469	City-State-Zip:	TEQUESTA FL 33469

*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:** GARY VAN BROCK

MGRM

04/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date