## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053366

Entity Name: TOTALLY COVERED, LLC

**Current Principal Place of Business:** 

205 OHIO AVE N. LIVE OAK, FL 32064 FILED
Jan 27, 2025
Secretary of State
1526541866CC

## **Current Mailing Address:**

205 OHIO AVE N. LIVE OAK. FL 32064 US

FEI Number: 32-0120915 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SCHAEFER, DEREK 348 SE CAMP ST 101 LAKE CITY, FL 32025 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

Name SCHAEFER, DEREK Address 348 SE CAMP ST.

101

City-State-Zip: LAKE CITY FL 32025

SIGNATURE: DEREK SCHAEFER

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.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail

01/27/2025 Date