

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000116620

**Entity Name:** NOBLE COVE PROPERTIES, LLC

**Current Principal Place of Business:**

5150 TAMIAMI TRAIL NORTH  
400  
NAPLES, FL 34103

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC7708911677**

**Current Mailing Address:**

5150 TAMIAMI TRAIL NORTH  
400  
NAPLES, FL 34103 US

**FEI Number:** 20-5997384

**Certificate of Status Desired:** No

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33156 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:** MICHAEL BARR, PRESIDENT OF UNITED CORPORATE SERVICES, INC. 04/20/2015  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GERRY, SANDRA  
Address 5150 TAMIAMI TRAIL NORTH #400  
City-State-Zip: NAPLES FL 34103

Title P  
Name GERRY, ALAN  
Address 5150 TAMIAMI TRAIL NORTH #400  
City-State-Zip: NAPLES FL 34103

Title V  
Name GERRY, ADAM  
Address 5150 TAMIAMI TRAIL NORTH #400  
City-State-Zip: NAPLES FL 34103

Title VT  
Name SUEHNHOLZ, KEITH  
Address ONE CABLEVISION CENTER  
City-State-Zip: LIBERTY NY 12754

Title S  
Name BOYD, LOUIS J  
Address 5150 TAMIAMI TRAIL NORTH  
400  
City-State-Zip: NAPLES FL 34103

Title AS  
Name GRILLO, CHRISTOPHER  
Address ONE CABLEVISION CENTER  
City-State-Zip: LIBERTY NY 12754

*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:** LOUIS J. BOYD S 04/20/2015  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date