

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011600

Entity Name: COVER UP LLC

Current Principal Place of Business:

2220 COUNTY ROAD 210 W., STE 108-248
JACKSONVILLE, FL 32259

Current Mailing Address:

3827 NONIE WAY
JACKSONVILLE, FL 32257 US

FEI Number: 20-8370319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWICKI, JAMES
3827 NONIE WAY
JACKSONVILLE, FL 32257 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: JAMES LEWICKI

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name LEWICKI, JAMES
Address 3827 NONIE WAY
City-State-Zip: JACKSONVILLE FL 32257

Title AUTHORIZED MEMBER
Name GABLE LEWICKI, IVEY
Address 3827 NONIE WAY
City-State-Zip: JACKSONVILLE FL 32257

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: JAMES LEWICKI

OWNER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date