

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011600

**Entity Name:** COVER UP LLC

**Current Principal Place of Business:**

3037 PEACH DR  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

3037 PEACH DR  
JACKSONVILLE, FL 32246 US

**FEI Number:** 20-8370319

**Certificate of Status Desired:** No

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

LEWICKI, JAMES  
3037 PEACH DR  
JACKSONVILLE, FL 32246 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 MGR  
Name LEWICKI, JAMES  
Address 3037 PEACH DR  
City-State-Zip: JACKSONVILLE FL 32246

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

**SIGNATURE:** JAMES LEWICKI

**MANAGER**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date