

2021 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:**10391 ARROW BLUFF CT
JACKSONVILLE, FL 32257 US**FEI Number:** 20-8370319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWICKI, JAMES
10391 ARROW BLUFF CT
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

02/23/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| Title | AUTHORIZED MEMBER | Title | AUTHORIZED MEMBER |
| Name | LEWICKI, JAMES | Name | GABLE LEWICKI, IVEY |
| Address | 10391 ARROW BLUFF CT | Address | 10391 ARROW BLUFF CT |
| City-State-Zip: | JACKSONVILLE FL 32257 | 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

AMBR

02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date