

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000251858

Entity Name: COVE LAKES RAYOS, LLC**Current Principal Place of Business:**7385 GALLOWAY ROAD
SUITE 200
MIAMI, FL 33173**Current Mailing Address:**7385 GALLOWAY ROAD
SUITE 200
MIAMI, FL 33173 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MULLER, CHARLES E II
7385 GALLOWAY ROAD
SUITE 200
MIAMI, FL 33173 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 | AUTHORIZED MEMBER |
| Name | ELLEN D. WOLFSON, TRUSTEE |
| Address | 7385 GALLOWAY ROAD SUITE 200 |
| City-State-Zip: | MIAMI FL 33173 |
| Title | AUTHORIZED MEMBER |
| Name | LINDSEY PAIGE WOLFSON, TRUSTEE |
| Address | 7385 GALLOWAY ROAD SUITE 200 |
| City-State-Zip: | MIAMI FL 33173 |

| | |
|-----------------|---------------------------------|
| Title | AUTHORIZED MEMBER |
| Name | RANDI FAITH WOLFSON, TRUSTEE |
| Address | 7385 GALLOWAY ROAD SUITE 200 |
| City-State-Zip: | MIAMI FL 33173 |
| Title | AUTHORIZED MEMBER |
| Name | LOUIS WOLFSON IV, TRUSTEE |
| Address | 7385 GALLOWAY ROAD SUITE 200 |
| City-State-Zip: | MIAMI FL 33173 |

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: CHARLES MULLER**AUTHORIZED
REPRESENTATIVE****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date