

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000010274

**Entity Name:** THE COVE HEALTH AND REHABILITATION, LLC

**Current Principal Place of Business:**

421 N MACARTHUR AVE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

5270 N US HWY 1  
SUITE 101  
PALM SHORES, FL 32940 US

**FEI Number:** 87-1933700

**Certificate of Status Desired:** No

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

HUSTON, TAYLOR ESQ.  
5270 N US HWY 1  
SUITE 101  
PALM SHORES, FL 32940 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	Title	MANAGER
Name	THE COVE SENIOR INVESTMENTS I, LLC	Name	THE COVE SENIOR INVESTMENTS II, LLC
Address	5270 N US HWY 1 SUITE 101	Address	5270 N US HWY 1 SUITE 101
City-State-Zip:	PALM SHORES FL 32940	City-State-Zip:	PALM SHORES FL 32940

*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:** TAYLOR HUSTON, ESQ

**ATTORNEY**

**03/07/2025**

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

\_\_\_\_\_  
Date