

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088110

FILED
Jul 01, 2008
Secretary of State

Entity Name: THE COUPLE SPOT, LLC

Current Principal Place of Business:

5450 BRUCE B. DOWNS BLVD.
225
WESLEY CHAPEL, FL 33543 US

Current Mailing Address:

5450 BRUCE B. DOWNS BLVD.
225
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

5450 BRUCE B. DOWNS BLVD
225
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

5450 BRUCE B. DOWNS BLVD
225
WESLEY CHAPEL, FL 33544 US

FEI Number: 20-5518734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LINK, ELDRICK D OWNER
Address: 5450 BRUCE B. DOWNS BLVD #225
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LINK, ELDRICK D OWNER
Address: 5450 BRUCE B. DOWNS BLVD #225
City-St-Zip: WESLEY CHAPEL, FL 33544 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ELDRICK D. LINK

MGRM

07/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date