

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065260

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** COUPSTER, LLC

**Current Principal Place of Business:**

2594 S.W. 102ND DRIVE  
DAVIE, FL 33324

**New Principal Place of Business:**

4000 HOLLYWOOD BLVD.  
375-S  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

2594 S.W. 102ND DRIVE  
DAVIE, FL 33324

**New Mailing Address:**

FEI Number: 26-0822970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILLIPS, GARY S  
4000 HOLLYWOOD BLVD., SUITE 375 SOUTH  
HOLLYWOOD, FL 33021 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: P ( ) Delete  
Name: SCHIFFRES, CARY  
Address: 2594 SW 102 DR  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARY SCHIFFRES

PRES

04/28/2009

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