

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015866

**Entity Name:** COUP, LLC

**Current Principal Place of Business:**

888 KINGMAN ROAD  
HOMESTEAD, FL 33035

**Current Mailing Address:**

888 KINGMAN ROAD  
HOMESTEAD, FL 33035 US

**FEI Number:** 20-1163965

**Certificate of Status Desired:** No

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

MICHAEL LATTERNER & ASSOCIATES INC.  
C/O ROBERT BANKS  
888 KINGMAN ROAD  
HOMESTEAD, FL 33035 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 MGRM  
Name ROSEN, WAYNE  
Address 277 GALEON CT  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name BANKS, ROBERT  
Address 3831 SW 56 STREET  
City-State-Zip: FT. LAUDERDALE FL 33312

*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:** ROBERT BANKS

**MANAGER**

**03/26/2014**

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

\_\_\_\_\_  
Date