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 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, Flo	
that my name appears above, or on an attachment with all other like empowered.	

SIGNATURE: KIMBERLY COUCH

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: COUCH SPORTS MARKETING, LLC **Current Principal Place of Business:**

11117 SCENIC VISTA DRIVE CLERMONT, FL 34711

Current Mailing Address:

11117SCENIC VISTA DRIVE CLERMONT. FL 34711 US

DOCUMENT# L08000059936

FEI Number: 26-2833882

Name and Address of Current Registered Agent:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

COUCH, JASON T 11117SCENIC VISTA DRIVE CLERMONT, FL 34711 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	: JASON COUCH			01/07/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	COUCH, JASON T	Name	COUCH, KIMBERLY G	
Address	11117 SCENIC VISTA DRIVE	Address	11117 SCENIC VISTA DRIVE	
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711	

01/07/2020 MANAGER

Certificate of Status Desired: No

Date