

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073921

**Entity Name:** COUPON DIVAS LLC

**Current Principal Place of Business:**

196 JOHNNYCAKE DR.  
NAPLES, FL 34110

**Current Mailing Address:**

P.O. BOX 112095  
NAPLES, FL 34108 US

**FEI Number: 26-4689143**

**Certificate of Status Desired: No**

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

ROSU, KRISTEN  
196 JOHNNYCAKE DR.  
NAPLES, FL 34110 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  
Name            ROSU, KRISTEN  
Address        196 JOHNNYCAKE DR.  
City-State-Zip: NAPLES FL 34110

*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: KRISTEN ROSU**

**MANAGER**

**04/23/2018**

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

\_\_\_\_\_ Date