

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000080358

Entity Name: CUFFLINX, LLC

Current Principal Place of Business:

4532 W KENNEDY BLVD STE 523
TAMPA, FL 33609-2042

Current Mailing Address:

4532 W KENNEDY BLVD STE 523
TAMPA, FL 33609-2042 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASCUCCI, CHRIS
4532 W KENNEDY BLVD STE 523
TAMPA, FL 33609-2042 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 FELDMAN, ADAM M
Address 1773 W FLETCHER AVE
City-State-Zip: TAMPA FL 33612

Title MGRM
Name FELDMAN, RANDY MDDS MS
Address 1773 W FLETCHER AVE
City-State-Zip: TAMPA FL 33612

Title MGRM
Name ORSINO, JOSEPH
Address 1502 S HOWARD AVE
City-State-Zip: TAMPA FL 33606

Title MGRM
Name PASCUCCI, CHRIS
Address 4532 W KENNEDY BLVD STE 523
City-State-Zip: TAMPA FL 33609-2042

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: RANDY M. FELDMAN

MGRM

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date