## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000080358 Entity Name: CUFFLINX, LLC

**Current Principal Place of Business:** 

412 E MADISON ST

TAMPA, FL 33602

STE 800

## **Current Mailing Address:**

412 E MADISON ST STE 800 TAMPA FL 33602 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PASCUCCI, CHRISTOPHER 412 E MADISON ST STE 800

TAMPA, FL 33602 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: CHRISTOPHER S. PASCUCCI 03/28/2018

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

Name FELDMAN, RANDY MDDS MS Name ORSINO, JOSEPH 1773 W FLETCHER AVE Address 1502 S HOWARD AVE Address City-State-Zip: TAMPA FL 33612 City-State-Zip: TAMPA FL 33606

Title **MGRM** 

PASCUCCI, CHRIS Name Address 412 E MADISON ST

**STE 800** 

City-State-Zip: TAMPA FL 33602

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: CHRISTOPHER S. PASCUCCI

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

03/28/2018

**FILED** Mar 28, 2018

**Secretary of State** 

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