

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080358

**Entity Name:** CUFFLINX, LLC

**Current Principal Place of Business:**

301 W PLATT ST., #17  
TAMPA, FL 33606

**Current Mailing Address:**

301 W PLATT ST., #17  
TAMPA, FL 33606 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PASCUCCI, CHRIS  
301 W PLATT ST., #17  
TAMPA, FL 33606 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, 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 301 W PLATT ST., #17  
City-State-Zip: TAMPA FL 33606

*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:** CHRIS PASCUCCI

MGRM

03/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date