

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000051332

**Entity Name:** COUNTRY SWEETHEARTS LLC

**Current Principal Place of Business:**

26331 SLEEPY HOLLOW ST  
SORRENTO, FL 32776

**Current Mailing Address:**

26331 SLEEPY HOLLOW ST  
SORRENTO, FL 32776 US

**FEI Number:** 46-2526593

**Certificate of Status Desired:** Yes

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

INGLE, DEBORAH K  
31426 COLBY PL  
SORRENTO, FL 32776 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	Title	MANAGER
Name	COLE, KRISTA D	Name	LEONARD, JOSEPH P
Address	26331 SLEEPY HOLLOW ST	Address	26331 SLEEPY HOLLOW ST
City-State-Zip:	SORRENTO FL 32776	City-State-Zip:	SORRENTO FL 32776

*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:** KRISTA COLE

**MANAGER**

**02/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date