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.

MANAGER

SIGNATURE: KRISTA COLE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000051332

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Name and Address of Current Registered Agent:

COLE, KRISTA D 26331 SLEEPY HOLLOW ST 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	: KRISTA COLE	04/08/2016			
	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		

FILED Apr 08, 2016 Secretary of State CC5388664129

Certificate of Status Desired: No

04/08/2016 Date