## 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.

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: COUPLESTRONG, LLC **Current Principal Place of Business:**

3036 W. BEARSS AVENUE TAMPA, FL 33618

#### **Current Mailing Address:**

3036 W. BEARSS AVENUE TAMPA, FL 33618 US

#### FEI Number: 47-4729310

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

CAMBAS, CHRIS J 202 S ROME AVENUE SUITE 100 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	: CHRIS CAMBAS			05/04/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	CAMBAS, CHRISTOPHER J	Name	CAMBAS, LORI M	
Address	3036 W. BEARSS AVENUE	Address	3036 W. BEARSS AVENUE	
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33606	

05/04/2016 SIGNATURE: CHRISTOPHER J CAMBAS

### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L15000130863

## FILED May 04, 2016 Secretary of State CC1685122734

Certificate of Status Desired: No

Date

DIRECTOR