

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90121 017 ***138.75

DOCUMENT # L05000060236	
1. Entity Name COUPER HOLDING COMPANY, LLC	



Principal Place of Business 1414 VISTA COVE ROAD ST. AUGUSTINE, FL 32084	Mailing Address 1414 VISTA COVE ROAD ST. AUGUSTINE, FL 32084
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60002838



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 33263 Lakeshore Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32210	USA	32210	USA

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0794625	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GIBBS, GEORGE W IV 1414 VISTA COVE ROAD ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name George W. Gibbs III Street Address (P.O. Box Number is Not Acceptable) 5005 Yacht Club Rd City Jacksonville FL Zip Code 32210	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBBS, GEORGE W IV 1414 VISTA COVE ROAD ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE George W. Gibbs III 1/16/08 904-389-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #