

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094753

FILED
Dec 17, 2007
Secretary of State

Entity Name: COUCHFAM ENTERPRISES, LLC

Current Principal Place of Business:

1705 VAN ARSDALE ST
OVIEDO, FL 32765 US

New Principal Place of Business:

1511 EAST STATE ROAD 434
SUITE 1025
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

1705 VAN ARSDALE ST
OVIEDO, FL 32765 US

New Mailing Address:

1511 EAST STATE ROAD 434
SUITE 1025
WINTER SPRINGS, FL 32708 US

FEI Number: 20-5621825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COUCH, MARVIN
1705 VAN ARSDALE ST
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: MARVIN COUCH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COUCH, MARVIN
Address: 1705 VAN ARSDALE ST
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: COUCH, ALEX
Address: 1705 VAN ARSDALE ST
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: COUCH, NANCY
Address: 1705 VAN ARSDALE ST
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARVIN COUCH

MGR

12/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date