

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094753

FILED
Jul 02, 2008
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:

Current Mailing Address:

1705 VAN ARSDALE ST.
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 20-5621825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: _____

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: NANCY COUCH

MGRM

07/02/2008

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