

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000191440

Entity Name: ITSALLABOUTTHECOMBOS, LLC

Current Principal Place of Business:

195 SE WAVECREST WAY
BOCA RATON, FL 33432

Current Mailing Address:

195 SE WAVECREST WAY
BOCA RATON, FL 33432 US

FEI Number: 47-5612684

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WENGER, NICHOLAS
195 SE WAVECREST WAY
BOCA RATON, FL 33432 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name WENGER, NICHOLAS
Address 195 SE WAVECREST WAY
City-State-Zip: BOCA RATON FL 33432

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.

SIGNATURE: NICHOLAS WENGER

OWNER/REP

09/08/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date