

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000012805

**Entity Name:** COUCH POTATO GENERAL MANAGER, LLC

**Current Principal Place of Business:**

10426 WHISPERING HAMMOCK DRIVE  
RIVERVIEW, FL 33578

**Current Mailing Address:**

10426 WHISPERING HAMMOCK DRIVE  
RIVERVIEW, FL 33578 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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	MANAGER
Name	WILLIAMS, JEMEAL TARIK
Address	10426 WHISPERING HAMMOCK DRIVE
City-State-Zip:	RIVERVIEW FL 33578
Title	MANAGER
Name	CRAIG HEADLEY , SEAN ANTHONY
Address	10426 WHISPERING HAMMOCK DRIVE
City-State-Zip:	RIVERVIEW FL 33578

Title	MANAGER
Name	BENNETT , ANDREW
Address	10426 WHISPERING HAMMOCK DRIVE
City-State-Zip:	RIVERVIEW FL 33578

*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:** JEMEAL TARIK WILLIAMS

**MANAGER**

**05/11/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date