

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092781

**Entity Name:** AUTOGRAPH SIGNING, LLC

**Current Principal Place of Business:**

209 STATE STREET E  
OLDSMAR, FL 34677

**Current Mailing Address:**

209 STATE STREET E  
OLDSMAR, FL 34677

**FEI Number:** 45-2937062

**Certificate of Status Desired:** No

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

SYNERGY VENTURES INC  
209 STATE STREET E  
OLDSMAR, FL 34677 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 MGRM  
Name SYNERGY VENTURES  
Address 209 STATE STREET  
City-State-Zip: OLDSMAR FL 34677

Title MGRM  
Name MATHENY, KENLEY  
Address 8901 BLIND PASS RD, #128  
City-State-Zip: ST PETERSBURG FL 33706

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON BEHAR

CEO

01/15/2013

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

\_\_\_\_\_  
Date