

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121768

**Entity Name:** BRAND MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

1605 MAIN STREET  
SUITE 503  
SARASOTA, FL 34236

**Current Mailing Address:**

1605 MAIN STREET  
SUITE 503  
SARASOTA, FL 34236 US

**FEI Number:** 45-3706797

**Certificate of Status Desired:** Yes

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

MASCIO, GINA L  
1605 MAIN STREET  
SUITE 503  
SARASOTA, FL 34236 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 CHAIRMAN  
Name RONALD, SIMKINS  
Address 1605 MAIN STREET  
SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title SECRETARY  
Name ARTHUR, LAMBERT  
Address 1605 MAIN STREET  
SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name METNICK, JASON  
Address 1605 MAIN STREET  
SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name MASCIO, GINA L  
Address 1605 MAIN STREET  
SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name LEHMAN, JUSTIN  
Address 1605 MAIN STREET  
SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name BELZER, TERRY LYNN  
Address 1605 MAIN STREET  
SUITE 503  
City-State-Zip: SARASOTA FL 34236

*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:** GINA MASCIO

VP

03/30/2021

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

\_\_\_\_\_  
Date