

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000071172

**Entity Name:** AUTHENTIC STRENGTH, LLC

**Current Principal Place of Business:**

500 SW 10TH STREET SUITE 200  
OCALA, FL 34471

**Current Mailing Address:**

2201 SW 4TH AVE.  
OCALA, FL 34471 US

**FEI Number:** 46-5559767

**Certificate of Status Desired:** No

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

LAROCCO, WILLIAM T  
2201 SW 4TH AVE.  
OCALA, FL 34471 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 LAROCCO, WILLIAM T  
Address 2201 SW 4TH AVE.  
City-State-Zip: Ocala FL 34471

*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:** WILLIAM LAROCCO

**OWNER**

**05/01/2018**

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

\_\_\_\_\_  
Date