

**2017 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:**

8821 SE 88TH LANE  
OCALA, FL 34472 US

**FEI Number:** 46-5559767

**Certificate of Status Desired:** No

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

LAROCCO, WILLIAM T  
8821 SE 88TH LANE  
OCALA, FL 34472 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 8821 SE 88TH LANE  
City-State-Zip: Ocala FL 34472

*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

MGRM

04/18/2017

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

\_\_\_\_\_  
Date