# 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.

MANAGER

SIGNATURE: CAMILO E CAICEDO

Electronic Signature of Signing Authorized Person(s) Detail

### DOCUMENT# L14000093369

#### Entity Name: PENTA EXPERIENTIAL MARKETING LLC

#### **Current Principal Place of Business:**

3607 BAY WAY HOLLYWOOD, FL 33026

#### **Current Mailing Address:**

3607 BAY WAY HOLLYWOOD, FL 33026 US

#### FEI Number: 61-1740393

## Name and Address of Current Registered Agent:

AV ACCOUNTING ASSOCIATES CORP 1500 WESTON RD STE 218 WESTON, FL 33326 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: DANIELA VELEZ

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleAUTHORIZED MEMBERNameCAICEDO, CAMILO EAddress3607 BAY WAYCity-State-Zip:HOLLYWOOD FL 33026

9424951269CC

FILED Mar 28, 2019

Secretary of State

Certificate of Status Desired: No

03/28/2019 Date

03/28/2019 Date