# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAMILO CAICEDO Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L14000093369

### Entity Name: PENTA EXPERIENTIAL MARKETING LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

20200 DIXIE HWY AVENTURA, FL 33180

#### **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 1525 N PARK DR SUITE 104 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 :

AUTHORIZED MEMBER Title CAICEDO, CAMILO E Name Address 3607 BAY WAY City-State-Zip: HOLLYWOOD FL 33026

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

MEMBER

Certificate of Status Desired: No

04/23/2021

Date

FILED Apr 23, 2021 Secretary of State 0570699895CC

Date

04/23/2021