

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000219663

**Entity Name:** AUTHENTIC EXPOSURE, LLC

**Current Principal Place of Business:**

3024 DICKINSON DRIVE  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3024 DICKINSON DRIVE  
TALLAHASSEE, FL 32311 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BLACK, APRIL S MRS.  
3024 DICKINSON DRIVE  
TALLAHASSEE, FL 32311 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 P  
Name BLACK, APRIL S MRS.  
Address 3024 DICKINSON DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

Title VP  
Name BLACK, JASON T DR.  
Address 3024 DICKINSON DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

*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:** APRIL BLACK

P

04/15/2018

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

\_\_\_\_\_  
Date