

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