

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000149593

**Entity Name:** AUTHENTIC EDUCATORS LLC

**Current Principal Place of Business:**

2406 OLSON  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

2406 OLSON  
JACKSONVILLE, FL 32210 UN

**FEI Number:** 85-1257171

**Certificate of Status Desired:** No

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

FAULKNER, VANESSA  
2406 OLSON  
JACKSONVILLE, FL 32210 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            PRESIDENT, CEO  
Name            FAULKNER, VANESSA R  
Address        2406 OLSON  
City-State-Zip: JACKSONVILLE 32210

*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:** VANESSA FAULKNER

**PRESIDENT, CEO**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date