

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000102571

**Entity Name:** AUTHENTIC EXPRESSIONS LLC

**Current Principal Place of Business:**

1747 CAPITAL CIR NE APT 703  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

100 SHERVIS UN  
HAVANA, FL 32333 US

**FEI Number: 86-1707198**

**Certificate of Status Desired: Yes**

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

WRIGHT, SHAQUONDA  
100 SHERVIS UN  
HAVANA, FL 32333 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	AMBR
Name	WRIGHT, SHAQUONDA
Address	100 SHERVIS UN
City-State-Zip:	HAVANA FL 32333
Title	AMBR
Name	WILLIAMS, SHABARI
Address	1747 CAPITAL CIR NE APT 703
City-State-Zip:	TALLAHASSEE FL 32308

Title	AMBR
Name	JOHNSON, SONJI
Address	100 SHERVIS UN
City-State-Zip:	HAVANA FL 32333
Title	AMBR
Name	WILLIAMS, SHAMARIA
Address	1747 CAPITAL CIR NE APT 703
City-State-Zip:	TALLAHASSEE FL 32308

*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: SHAQUONDA WRIGHT**

**OWNER**

**03/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date