

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091892

Entity Name: EXPRESSIVE CULTURE, LLC**Current Principal Place of Business:**2633 DR MARTIN LUTHER KING JR BLVD
FORT MYERS, FL 33916**Current Mailing Address:**P.O.BOX 811
LEHIGH ACRES, FL 33970 US**FEI Number:** 26-3443287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRUBER, CHRISTINE
45 ALABAMA RD
LEHIGH ACRES, FL 33936 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:** CHRISTINE GRUBER

03/08/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------|
| Title | MGRM |
| Name | JANSEN, MARCUS A |
| Address | P.O.BOX 811 |
| City-State-Zip: | LEHIGH ACRES FL 33970 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | JANSEN, SABRINA D |
| Address | P.O.BOX 811 |
| City-State-Zip: | LEHIGH ACRES FL 33970 |

| | |
|-----------------|---------------------------|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | GRUBER, CHRISTINE |
| Address | P.O.BOX 811 |
| City-State-Zip: | LEHIGH ACRES FL 33970 |

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: MARCUS JANSEN

MGRM

03/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date