

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091892

Entity Name: EXPRESSIVE CULTURE, LLC

Current Principal Place of Business:

1922 EVANS AVE. UNIT B
FORT MYERS, FL 33901

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:

JANSEN, MARCUS
420 SHELDON AVE.
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name JANSEN, MARCUS A
Address 420 SHELDON AVE.
City-State-Zip: LEHIGH ACRES FL 33936

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

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date