

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000032210

**Entity Name:** TRUE TRUCKERS LIFESTYLE BRAND LLC

**Current Principal Place of Business:**

175 SW 7TH STREET  
1805  
MIAMI, FL 33130

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC1660871257**

**Current Mailing Address:**

175 SW 7TH STREET  
1805  
MIAMI, FL 33130

**FEI Number:** 46-4910482

**Certificate of Status Desired:** No

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

BALCOM, ANDREW  
175 SW 7TH STREET  
1805  
MIAMI, FL 33130 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	Title	AMBR
Name	BALCOM, ANDREW	Name	BALCOM, WILLIAM
Address	175 SW 7TH SUITE 1805	Address	3814 DUNFORD LANE, #A
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	INGLEWOOD CA 90305

*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:** ANDREW BALKCOM

AMBR

04/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date