

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000143067

Entity Name: BAD APPLE PRESS LLC

Current Principal Place of Business:

4525 CAPITAL CIRCLE NW
4567H
TALLAHASSEE, FL 32303

Current Mailing Address:

800 OCALA RD.
SUITE 300 #215
TALLAHASSEE, FL 32312 US

FEI Number: 83-0884023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLEN, AMY
4525 CAPITAL CIRCLE NW
4567H
TALLAHASSEE, FL 32303 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 PRES
Name HOLLEN, AMY E
Address 1612 FOLKSTONE RD.
City-State-Zip: TALLAHASSEE FL 32312

Title SEC
Name POWER, SARAH
Address 1808 JASMINE DR.
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name CROUCH, CHRIS
Address 1808 JASMINE DR.
City-State-Zip: TALLAHASSEE FL 32308

Title TRES
Name CARROLL, NICHOLAS A
Address 1612 FOLKSTONE RD.
City-State-Zip: TALLAHASSEE FL 32312

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: NICHOLAS CARROLL

TRES

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date