2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2020
Secretary of State
3889587333CC

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Entity Name: MUSEUM EXP, LLC

Current Principal Place of Business:

1249 WALES DRIVE
FORT MYERS, FL 33901

Current Mailing Address:

1249 WALES DRIVE
FORT MYERS, FL 33901

FEI Number: 84-2613459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAW, JOHN D
1249 WALES DRIVE
FORT MYERS, FL 33901 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: JOHN SHAW 03/18/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	SHAW, JOHN D	Name	JOHNSON, CYNTHIA M
Address	1249 WALES DRIVE	Address	3730 GARFIELD AVE
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	MINNEAPOLIS MN 55409

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: JOHN SHAW PRINCIPAL 03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date