

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000001080

**Entity Name:** ACCENTMARKETING COMMUNICATIONS, L.C.

**FILED**  
**Feb 27, 2018**  
**Secretary of State**  
**CC6823409906**

**Current Principal Place of Business:**

LA PUERTA DEL SOL  
800 DOUGLAS RD., STE. 100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

LA PUERTA DEL SOL  
800 DOUGLAS RD., STE. 100  
CORAL GABLES, FL 33134

**FEI Number:** 65-0785845

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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 THE INTERPUBLIC GROUP OF COMPANIES, INC.  
Address 909 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10022

Title MGRM  
Name NAPORANO, JOE  
Address CAMPBELL EWALD, 30400 VAN DYKE AVE  
City-State-Zip: WARREN MI 48093

Title MGRM  
Name BONZANI, ANDREW  
Address 909 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10022

Title ASST. SECRETARY, TAX  
Name WILLIAMS, CARL  
Address 909 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10022

*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:** CARL WILLIAMS

ASST SECR - TAX

02/27/2018

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

\_\_\_\_\_  
Date