

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074602

Entity Name: A.C.R. APPLIANCES, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

4642 N. HIATUS RD
SUNRISE, FL 33351 US

New Principal Place of Business:

1780 SW 128 AVE
MIRAMAR, FL 33027 US

Current Mailing Address:

4642 N. HIATUS RD
SUNRISE, FL 33351 US

New Mailing Address:

1780 SW 128 AVE
MIRAMAR, FL 33027 US

FEI Number: 26-0597853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTONI, ROBERTO MGRM
4642 N. HIATUS RD
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERTONI, ROBERTO
Address: 1780 SW 128 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: GALDINO, ANDRE
Address: 8340 SANDS POINT BLVD #P302
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: SOARES, CHRISTIAN
Address: 9920 NW 68TH PLACE #260
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERTO BERTONI

MGRM

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date