

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 273296

**Entity Name:** ACE DRIVEAWAY SYSTEM INC

**Current Principal Place of Business:**

LARRY LEVY  
16051 COLLINS AVE, SUITE 404  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

LARRY LEVY  
16051 COLLINS AVE, SUITE 404  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEVY, LARRY B  
16051 COLLINS AVE  
SUITE #404  
SUNNY ISLES BEACH, FL 33160 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

**Officer/Director Detail :**

Title            P  
Name            LEVY, LARRY  
Address        16051 COLLINS AVE, #404  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            LEVY, ROBIN  
Address        16051 COLLINS AVE, #404  
City-State-Zip: SUNNY ISLES BEACH FL 33180

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBIN LEVY

VP

01/10/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date