

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000013118

**Entity Name:** AC HOM, LLC

**Current Principal Place of Business:**

135 SAN LORENZO AVENUE  
PH 840  
CORAL GABLES, FL 33146

**Current Mailing Address:**

135 SAN LORENZO AVENUE  
PH 840  
CORAL GABLES, FL 33146

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GEOFFREY M. WAYNE, P.A.  
135 SAN LORENZO AVENUE  
PH 840  
CORAL GABLES, FL 33146 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 CABALCETA VARA, HERNAN  
Address I GROVE ISLE DRIVE APT#308A  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name CABALCETA FERNANDEZ, ALDO  
Address I GROVE ISLE DRIVE APT#308A  
City-State-Zip: MIAMI FL 33133

*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:** ALDO CABALCETA FERNANDEZ

MGRM

04/30/2015

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

\_\_\_\_\_  
Date