#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110820

# Entity Name: ACES1 LLC.

### **Current Principal Place of Business:**

KEITH SCHWABINGER C/O KELLER WILLIAMS ACES 1 5666 SEMINOLE BLVD SUITE 110 SEMINOLE, FL 33772

# **Current Mailing Address:**

KEITH SCHWABINGER C/O KELLER WILLIAMS ACES 1 5666 SEMINOLE BLVD SUITE 110 SEMINOLE, FL 33772 US

# FEI Number: 27-2467549

### Name and Address of Current Registered Agent:

DIEFEL, CHARLENE KEITH SCHWABINGER C/O KELLER WILLIAMS ACES 1 5666 SEMINOLE BLVD SUITE 110 SEMINOLE, FL 33772 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

### Authorized Person(s) Detail :

WILLIAMSWILLIAMSACES 1 5666 SEMINOLE BLVD SUITEACES 1 5666 SEMINOLE BLVD S110110	Authorized Person(s) Detail :				
Address KEITH SCHWABINGER C/O KELLER Address KEITH SCHWABINGER C/O KEL   WILLIAMS ACES 1 5666 SEMINOLE BLVD SUITE ACES 1 5666 SEMINOLE BLVD SUITE ACES 1 5666 SEMINOLE BLVD SUITE   110 110 110	Title	MGR	Title	MGRM	
WILLIAMSWILLIAMSACES 1 5666 SEMINOLE BLVD SUITEACES 1 5666 SEMINOLE BLVD S110110	Name	SCHWABINGER, KEITH	Name	DIEFEL, CHARLENE	
City-State-Zin: SEMINOLE FL 33772 City-State-Zin: SEMINOLE FL 33772	Address	WILLIAMS ACES 1 5666 SEMINOLE BLVD SUITE	Address	ACES 1 5666 SEMINOLE BLVD SUITE	
	City-State-Zip:	SEMINOLE FL 33772	City-State-Zip:	SEMINOLE FL 33772	

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: CHARLENE DIEFEL

REGISTERED AGENT 04

04/30/2021 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No