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 CRAIG WILSON	OWNER	06/21/2016		

CICNIA	TUDE.	CDAIC	1/1/11	CON	

Authorized Person(s) Detail :

Authorized Ferson(S) Detail.					
Title	MGRM	Title	MGRM		
Name	WILSON, CRAIG L	Name	WILSON, NINA L		
Address	701 CRIMSON KING TRACE	Address	701 CRIMSON KING TRACE		
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689		

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000028104

Entity Name: ACE LEAK DETECTION AND VIDEO, LLC

Current Principal Place of Business:

701 CRIMSON KING TRACE TARPON SPRINGS. FL 34689

Current Mailing Address:

701 CRIMSON KING TRACE TARPON SPRINGS, FL 34689 US

FEI Number: 90-0543105

Name and Address of Current Registered Agent:

WILSON, CRAIG L 701 CRIMSON KING TRACE TARPON SPRINGS, FL 34689 US

SIGNATURE: Electronic Signature of 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.

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 21, 2016 Secretary of State CC7583521404

Date

Date