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: NINA L. WILSON

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

701 CRIMSON KING TRACE TARPON SPRINGS, FL 34689 US

FEI Number: 90-0543105

DOCUMENT# L10000028104

701 CRIMSON KING TRACE TARPON SPRINGS. FL 34689

Name and Address of Current Registered Agent:

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

Title	MGRM	Title	MGRM/MGR
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

MGRM/MGR

04/05/2017

FILED Apr 05, 2017 Secretary of State CC9091168822

Certificate of Status Desired: Yes

Date

Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ACE LEAK DETECTION AND VIDEO, LLC