

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000043719

**FILED**  
**Feb 19, 2019**  
**Secretary of State**  
**2370038370CC**

**Entity Name:** ACS EDUCATIONAL RESOURCES & CONSULTANT, LLC

**Current Principal Place of Business:**

53 NORTH OLD KINGS ROAD  
A, B,C, D &E.  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

53 NORTH OLD KINGS ROAD  
E  
ORMOND BEACH, FL 32174 US

**FEI Number:** 45-4920620

**Certificate of Status Desired:** Yes

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

CIPOLLONI , DAVID CHARLES PHD  
208 PINE CONE TRAIL  
ORMOND BEACH, FL 32174 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:** DAVID CIPOLLONI, PHD

02/19/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT.	Title	VICEPRESIDENT
Name	CIPOLLONI, DAVID C. DR.	Name	CIPOLLONI , AMBAR J DR.
Address	208 PINE CONE TRAIL A -B-D	Address	53 NORTH OLD KINGS ROAD A, B,C, D &AMP;E.
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174

*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:** AMBAR CIPOLLONI

VICEPRESIDENT

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date