

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000004144

**Entity Name:** ACL GROUP1 LLC**Current Principal Place of Business:**335 SOUTH BISCAYNE BLVD  
2605  
MIAMI, FL 33131**Current Mailing Address:**335 SOUTH BISCAYNE BLVD  
2605  
MIAMI, FL 33131 US**FEI Number:** 46-1758200**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHACIN, ANDREINA  
335 SOUTH BISCAYNE BLVD  
2605  
MIAMI, FL 33131 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	CHACIN, ANDREINA
Address	335 SOUTH BISCAYNE BLVD, #2605
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	GOMES, CAROLINA ALEJANDRA
Address	335 SOUTH BISCAYNE BLVD 2605
City-State-Zip:	MIAMI FL 33131

Title	MGRM
Name	LORENZO, JOSE E
Address	335 SOUTH BISCAYNE BLVD 2605
City-State-Zip:	MIAMI FL 33131

  

Title	MGR
Name	LORENZO, ERIKA SOFIA
Address	1900 N BAYSHORE DR 2015
City-State-Zip:	MIAMI FL 33132

*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:** ANDREINA CHACIN

MGRM

04/26/2021

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