

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000064264

**Entity Name:** ACCCE LLC

**Current Principal Place of Business:**

4883 CASTLEGATE COURT  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4883 CASTLEGATE COURT  
JACKSONVILLE, FL 32256 US

**FEI Number:** 46-5457756

**Certificate of Status Desired:** No

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

CROCKETT LAW PL  
10033 SAWGRASS DRIVE WEST  
SUITE 125  
PONTE VEDRA BEACH, FL 32082 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 AMBR  
Name WILLIAMS, ERIC A  
Address 4883 CASTLEGATE COURT  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name WILLIAMS, CHRISTI W  
Address 4883 CASTLEGATE COURT  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name WILLIAMS, AUSTINE W.  
Address 5975 ORCHARD POND DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** ERIC A. WILLIAMS

AMBR

03/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date