

2017 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

04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date