#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000069832

**Entity Name: AXCENT LLC** 

**Current Principal Place of Business:** 

Mar 01, 2015 **Secretary of State** CC2673284182

**FILED** 

# 500 N LAKE SHORE DRIVE

PH204 CHICAGO, IL 60611

## **Current Mailing Address:**

500 N LAKE SHORE DRIVE PH204 CHICAGO, IL 60611 US

FEI Number: 46-5537736 Certificate of Status Desired: No

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

CAPLAN, JAMES F 5910 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435 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** 

SCOTT, KYLE Name

500 N LAKE SHORE DRIVE, PH204 Address

City-State-Zip: CHICAGO IL 60611

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.