

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190375

**Entity Name:** ACUMENT GROUP, LLC

**Current Principal Place of Business:**

3100 N. OCEAN BLVD., #803  
C/O JENNIFER L. BOESE  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

3100 N. OCEAN BLVD., #803  
C/O JENNIFER L. BOESE  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 47-3406790

**Certificate of Status Desired:** No

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

SCHULER, PAUL A  
2500 WOODSIDE DRIVE  
FORT LAUDERDALE, FL 33312 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 MGR  
Name SCHULER, PAUL A  
Address 2500 WOODSIDE DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MANAGING MEMBER  
Name LYNCH, MICHAEL P  
Address 28495 ALTESSA WAY, #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title TAX MATTERS MANAGER  
Name BOESE, JENNIFER L  
Address 3100 N OCEAN BLVD #803  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** JENNIFER L. BOESE

**TAX MATTERS MEMBER** 03/26/2016

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

\_\_\_\_\_ Date