

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000000397

**Entity Name:** FLORIDA'S A/C SOLUTION LLC

**Current Principal Place of Business:**

3853 NORTHDAL BLVD #142  
TAMPA, FL 33624

**Current Mailing Address:**

3853 NORTHDAL BLVD #142  
TAMPA, FL 33624 US

**FEI Number:** 47-2740732

**Certificate of Status Desired:** No

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

DELGADO, ARNOLD  
16149 SANDCREST WAY  
TAMPA, FL 33618 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            DELGADO, ARNOLD S  
Address        3853 NORTHDAL BLVD #142  
City-State-Zip: TAMPA FL 33624

*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:** ARNOLD DELGADO

**OWNER**

**01/10/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date