

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000004174

**Entity Name:** AC PACKER WEST, LLC

**Current Principal Place of Business:**

814 N 1ST ST #101  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P.O. BOX 50338  
JACKSONVILLE BEACH, FL 32240 US

**FEI Number:** 46-2749913

**Certificate of Status Desired:** No

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

CUMMINGS, SPENCER N  
225 WATER ST  
SUITE 1750  
JACKSONVILLE, FL 32202 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:** SPENCER N CUMMINGS

06/23/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ECKSTEIN, JOSEPH P  
Address P.O. BOX 50338  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title AMBR  
Name JOHN P ECKSTEIN REVOCABLE TRUST  
Address 6540 ST. ANDREWS DR  
City-State-Zip: PADUCAH KY 42001

*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:** JOSEPH P ECKSTEIN

MANAGING MEMBER

06/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date