

2019 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

04/30/2019

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

AMBR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date