

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000006959

**Entity Name:** ACGR LLC

**Current Principal Place of Business:**

101 N MISSOURI AVE  
CLEARWATER, FL 33755

**Current Mailing Address:**

P O BOX 904  
CLEARWATER, FL 33755 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DAVID RODRIGUES CPA PA  
101 N MISSOURI AVE  
CLEARWATER, FL 33755 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 RAMIREZ DE GARCIA, CARLOTA  
Address 101 N MISSOURI AVE #1  
City-State-Zip: CLEARWATER FL 33755

Title AMBR  
Name GARCIA, ANA CARLOTA  
Address 101 N MISSOURI AVE #1  
City-State-Zip: CLEARWATER FL 33755

Title AMBR  
Name GARCIA, ORLANDO JOSE  
Address 101 N MISSOURI AVE #1  
City-State-Zip: CLEARWATER FL 33755

Title AMBR  
Name GARCIA, ALVARO J  
Address 101 N MISSOURI AVE #1  
City-State-Zip: CLEARWATER FL 33755

*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:** ANA CARLOTA GARCIA

AMBR

04/24/2017

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

\_\_\_\_\_  
Date