

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000088819

**Entity Name:** ACVILIN RE FLORIDA LLC

**Current Principal Place of Business:**

825 BEACON STREET  
SUITE 20  
NEWTON CENTRE, MA 02459

**Current Mailing Address:**

5524 PINE LN.  
SOLON, OH 44139 US

**FEI Number:** 47-4675929

**Certificate of Status Desired:** Yes

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

INCORPORATE NOW INC.  
512 LUCERNE AVE  
LAKE WORTH, FL 33460 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 BACALOV, EVGHENI  
Address 163 FOSTER STREET  
City-State-Zip: BOSTON MA 02135

Title AMBR  
Name TABACHNIK, IGOR  
Address 5524 PINE LN.  
City-State-Zip: SOLON OH 44139

*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:** EVGHENI BACALOV

AMBR

02/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date