

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000171463

**Entity Name:** ALL ACES RECORDS LLC

**Current Principal Place of Business:**

614 EIGHTH AVE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

614 EIGHTH AVE  
LEHIGH ACRES, FL 33972

**FEI Number:** 47-5272166

**Certificate of Status Desired:** No

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

ROSS, ADANITA  
614 EIGHTH AVE  
LEHIGH ACRES, FL 33972 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 AP  
Name ROSS, ADANITA  
Address 614 EIGHTH AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title AP  
Name ROSS, ANTHONY T  
Address 704 DUBARRY AVE S  
City-State-Zip: LEHIGH ACRES FL 33974

Title MGR  
Name JOHNSON, VINSON J  
Address 614 EIGHTH AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MGR  
Name JOHNSON, DONAE  
Address 614 EIGHTH AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MGR  
Name JOHNSON, SHYDAE  
Address 614 EIGHTH AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title AR  
Name ROSS, ADA I  
Address 704 DUBARRY AVE S  
City-State-Zip: LEHIGH ACRES FL 33974

*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:** ADANITA ROSS

ADANITA ROSS

02/25/2020

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

\_\_\_\_\_  
Date