Name and Address of Current Registered Agent:			
A AVE			
l entity submits this statement for the purpose	e of changing its registered office or regis	tered agent, or both, in the State of F	lorida.
ANA M MEHLER			09/30/2019
Electronic Signature of Registered A	gent		Date
Person(s) Detail :			
MANAGER	Title	AR, MANAGER	
MEHLER, ANA M	Name	ACEVEDO, PABLO	
500 N OSCEOLA AVE APT 311	Address	500 N OSCEOLA AVE APT 31	1
CLEARWATER 33755	City-State-Zip:	CLEARWATER 33755	
	M A AVE , FL 33755 US d entity submits this statement for the purpose : <u>ANA M MEHLER</u> Electronic Signature of Registered A <b>Person(s) Detail :</b> MANAGER MEHLER, ANA M 500 N OSCEOLA AVE APT 311	M A AVE , FL 33755 US dentity submits this statement for the purpose of changing its registered office or regis :: ANA M MEHLER Electronic Signature of Registered Agent Person(s) Detail : MANAGER Title MEHLER, ANA M Name 500 N OSCEOLA AVE APT 311 Address	M A AVE , FL 33755 US d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fi : ANA M MEHLER : Electronic Signature of Registered Agent Person(s) Detail : MANAGER MEHLER, ANA M Name ACEVEDO, PABLO 500 N OSCEOLA AVE APT 311 Address 500 N OSCEOLA AVE APT 311

1164 NE CLEVELAND ST CLEARWATER, FL 33755 US

DOCUMENT# L18000194314

Entity Name: ACEVEDO HOLDINGS, LLC

**Current Principal Place of Business:** 

## FEI Number: 61-1899089

**Current Mailing Address:** 

1164 NE CLEVELAND ST CLEARWATER. FL 33755

## . . . . . . • • . . N

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: PABLO ACEVEDO

MANAGER

09/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Sep 30, 2019

## **Secretary of State** 1443722367CR

Certificate of Status Desired: Yes

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT