

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000225551

**Entity Name:** CAC1,LLC

**Current Principal Place of Business:**

2711 TREYMORE DRIVE  
ORLANDO, FL 32825

**Current Mailing Address:**

4820 RIVER CREEK TERRACE  
BELTSVILLE, MD 20705 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CREQUE, CARLOS A  
2711 TREYMORE DRIVE  
ORLANDO, FL 32825 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 MGR  
Name CREQUE, CARLOS A  
Address 4820 RIVER CREEK TERRACE  
City-State-Zip: BELTSVILLE MD 20705

*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:** CARLOS CREQUE

**MEMBER MANAGER**

**03/25/2019**

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

\_\_\_\_\_  
Date