

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000436506

**Entity Name:** ACS'SURITY NOTARY SERVICES

**Current Principal Place of Business:**

7900 NW 27TH AVENUE  
SUITE 236  
MIAMI, FL 33147

**Current Mailing Address:**

7900 NW 27TH AVENUE  
SUITE 236  
MIAMI, FL 33147 US

**FEI Number:** 87-3008873

**Certificate of Status Desired:** No

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

SIMMONS, ANIKA C  
283 NW 41 STREET  
MIAMI, FL 33127 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            SIMMONS, ANIKA C  
Address        283 NW 41 STREET  
City-State-Zip: MIAMI FL 33127

*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:** ANIKA SIMMONS

**OWNER**

**04/21/2024**

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

\_\_\_\_\_  
Date