

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000493487

**Entity Name:** ACHE CREDIT AND SERVICES, LLC

**Current Principal Place of Business:**

1568 WASHINGTON AVE  
APT# 19  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1568 WASHINGTON AVE  
APT# 19  
MIAMI BEACH, FL 33139

**FEI Number:** 87-3634325

**Certificate of Status Desired:** No

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

PEREZ PEREZ, KENIA  
1568 WASHINGTON AVE  
APT# 19  
MIAMI BEACH, FL 33139 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 KENIA, PEREZ PEREZ  
Address 1568 WASHINGTON AVE, APT# 19  
City-State-Zip: MIAMI BEACH FL 33139

*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:** KENIA PEREZ PEREZ

**MGR**

**02/11/2023**

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

\_\_\_\_\_  
Date