

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000077664

**Entity Name:** AC IMPRESSIONS LLC

**Current Principal Place of Business:**

1633 S PINE RIDGE CIR  
SANFORD, FL 32773

**Current Mailing Address:**

1633 S PINE RIDGE CIR  
SANFORD, FL 32773 US

**FEI Number: 88-0902098**

**Certificate of Status Desired:** No

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

CASTILLO, ALCIA L  
1633 S PINE RIDGE CIRCLE  
SANFORD, FL 32773 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	Title	AMBR
Name	CASTILLO, ALCIA L	Name	CASTILLO, ROBERTO R
Address	1633 S PINE RIDGE CIR	Address	1633 S PINE RIDGE CIR
City-State-Zip:	SANFORD FL 32773	City-State-Zip:	SANFORD FL 32773

*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:** ALCIA CASTILLO

AMBR

03/21/2023

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

\_\_\_\_\_  
Date