

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000294729

**Entity Name:** ACDE LLC

**Current Principal Place of Business:**

4313002 HOLOPAW GROVES RD  
ST.CLOUD, FL 34773

**Current Mailing Address:**

P.O.BOX 702473  
ST. CLOUD, FL 34770 US

**FEI Number:** 30-1322676

**Certificate of Status Desired:** Yes

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

BLAIS, ALEXANDRE  
202732 HOLOPAW GROVES RD  
ST.CLOUD, FL 34773 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            OWNER  
Name            BLAIS, ALEXANDRE  
Address        P.O.BOX 702473  
City-State-Zip: ST. CLOUD FL 34770

*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:** ALEXANDRE BLAIS

OWNER

04/12/2023

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

\_\_\_\_\_ Date