

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000032064

**Entity Name:** ACE FACILITY SOLUTIONS LLC

**Current Principal Place of Business:**

515 8TH ST  
PORT ST JOE, FL 32456

**Current Mailing Address:**

515 8TH ST  
PORT ST JOE, FL 32456 US

**FEI Number:** 92-1928688

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 BURNETT, ROLAND A JR.  
Address 515 8TH ST  
City-State-Zip: PORT ST JOE FL 32456

Title AMBR  
Name BURNETT, BRENDA R  
Address 515 8TH ST  
City-State-Zip: PORT ST JOE FL 32456

*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:** ROLAND BURNETT

**PRESIDENT/OWNER**

**02/17/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date