2021		BUSINESS		
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1. Entity Nan	MENT*# ACE, L.L.C.	L0000	000256	59	۱ تر سره			a. I	FIL		- 3		
Principal Place of Business 5540 CAPE SAN BLAS ROAD PORT ST JOE FL 32456		Mailing Address 5540 CAPE SAN BLAS ROAD PORT ST JOE FL 32456			OT MAY 29 PM 3: 53 SECRETARY OF STATE FROM MIANTER ORIDA								
A Discount	Variation of Division	<u> </u>	T a 11-11 1-11-										
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State		City & State		-	4. FEI N	lumber -362	877	<u> </u>		oplied For ot Applicable	}		
Zip	Cour	ntry	Zip	Cour	ntry		5. Certi	ficate of Statu	•		\$5.00 Add		1
	6. Name and A	dress of Current F	legistered Agen			- 15		and Addres		Registered			1
				<u> </u>	Name							*	
MORROW, JAMES R 5540 CAPE SAN BLAS ROAD					Street Ad	dress (P.C). Box N	umber is Not	Acceptable	e)	•		
	JOE FL 32456												1
 					City					FL	Zip Cod	e	1
8. The above	named entity submi	ts this statement for	the purpose of c	hanging its register	red office or	registered	agent,	or both, in the	State of Fl				1
SIGNATURE .													
	Signature, typed or printed	name of registered agent ar	d title if applicable.	(NOTE: Registere	ed Agent signatur	re required who	en reinstati	ng)		DATE			1
FILE NOW!!! FEE IS													
- ,	a seeman a same		Make	Check Payable	to Departn	nent of S	State**			. ~	~		
9.	1 N	IANAGING MEMBE	RS/MEMBERS	10.				, A	DDITIONS	/CHANGES			1
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11. I hereby c	ertify that the informa	ation supplied with t	his filing does no	ot qualify for the exe	motion state	d in Section	n 119.0	7(3)(i), Florida	a Statutes.	I further cer	tify that the in	formation	1
	on this roport in true	and accurate and the	at mu cianatura	chall have the came	a lanal affect	t as if mad	a under	aath: that I a	m a mana	vina mamba	r or monage	6 +6	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE