L01000002140

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100000 2140

1. Entity Name
AceApplications, LLC

DO NOT WRITE IN THIS SPACE

FILED
Sep 12, 2002 8:00 A.M.
Secretary of State

2. Principal Place of Business	3. Mailing Address
2685 Sugar Pine Run	PO Box 620697
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State: Oviedo, FL
Zip: 32765 / Country: USA	Zip: 32762 / Country: USA

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4. FEI Number: 59-3704632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Courtney Powell
Street Address (P.O. Box Number is Not Acceptable): 2685 Sugar Pine Run
City: Oviedo FL Zip Code: 32765

8. 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

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-09/24/02--01044--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	Courtney Powell	NAME	
STREET ADDRESS	2685 Sugar Pine Run	STREET ADDRESS	
CITY-ST-ZIP	Oviedo, FL 32765	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Powell 9/10/02 407 252-7961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #