

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003328

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: ACOPI LLC

**Current Principal Place of Business:**

1256 BENT OAK TRAIL  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1256 BENT OAK TRAIL  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3681312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEAD, GLENDA  
1256 BENT OAK TRAIL  
ALTAMONTE SPRINGS, FL 32714 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MEAD, DENISE M  
Address: 1256 BENT OAK TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete  
Name: MEAD, GLENDA D  
Address: 1256 BENT OAK TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete  
Name: MEAD, WILLIAM W  
Address: 1256 BENT OAK TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GLENDA D. MEAD

MGR

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date