## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000003566

**Current Principal Place of Business:** 

Entity Name: ACUITY, LLC

FILED Apr 13, 2009 Secretary of State

| 820 S. LAKE ADAIR BLVD<br>STE 150<br>ORLANDO, FL 32804          |                                 | 820 S. LAKE ADAIR BL'<br>ORLANDO, FL 32804 | √D.                                       |  |
|---|---------------------------------|--|---|--|
| Current Mailing Address   | :                               | New Mailing Address:                       |   |  |
| 820 S. LAKE ADAIR BLVD<br>ORLANDO, FL 32804                     |                                 |  |   |  |
| FEI Number: 59-3715247  | FEI Number Applied For ( )      | FEI Number Not Applicable ( )              | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:                   |                                 | Name and Address of                        | Name and Address of New Registered Agent: |  |
| EMERSON, ERIC J<br>820 S LAKE ADAIR BLVD<br>ORLANDO, FL 32804 U | JS                              |  |   |  |
| The above named entity su<br>in the State of Florida.           | bmits this statement for the pu | rpose of changing its registered           | office or registered agent, or both       |  |
| SIGNATURE:  |                                 |  |   |  |
| Electronic  | Signature of Registered Ager    | t  | Date                                      |  |

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: EMERSON, ERIC J

Address: 820 S LAKE ADAIR BLVD
City-St-Zip: ORLANDO, FL 32804

Title: MGRD () Delete
Name: EMERSON, JAMES F
Address: 1699 LAKESIDE DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

**New Principal Place of Business:** 

( ) Change ( ) Addition

() Change () Addition

Title: Name: Address: City-St-Zip:

Title:

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: ERIC J. EMERSON P 04/13/2009