

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018428

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** THE ACME COMPANY, LLC

**Current Principal Place of Business:**

142 SE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

HH MUSTIN ROAD  
NAS  
JACKSONVILLE, FL 32212

**New Mailing Address:**

**FEI Number:** 81-0555673      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEIGLEMAN, WALTER A JR.  
142 SE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548      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: MGRM      ( ) Delete  
Name: STEIGLEMAN, WALTER A JR.  
Address: P.O. BOX 685  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM      ( ) Delete  
Name: STEIGLEMAN, WALTER A III  
Address: P.O. BOX 685  
City-St-Zip: FORT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES:**

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: W. ALLAN STEIGLEMAN, III

MGRM

04/13/2009

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