

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 013 ****50.00

DOCUMENT # L01000018487

1. Entity Name
AACCR, LLC



Principal Place of Business
**7211 NW 79TH TERRACE
MIAMI FL 33166**

Mailing Address
**12937 W. OKEECHOBEE RD.
COND. D #23
HIALEAH FL 33018**

2. Principal Place of Business
12937 W. Okeechobee Road

3. Mailing Address

Suite, Apt. #, etc.
Cond. D, #2&3

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State

Zip
33018

Country

Zip

Country

4. FEI Number **65-1158587**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SANTORSOLA, ROCCO
7211 NW 79TH TERRACE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
SANTORSOLA, ROCCO
Street Address (P.O. Box Number is Not Acceptable)
12937 W. Okeechobee Road, Cond. D, #2&3
City
Hialeah **FL** Zip Code
33018

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SANTORSOLA, ROCCO
7211 NW 79TH TERRACE
MIAMI FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SANTORSOLA, ROCCO
12937 W. Okeechobee Road, Cond. D, #2&3
Hialeah, FL 33018** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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: **Rocco Santorsola**

4/29/03

305/889-0700

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

Date

Daytime Phone #

CR2E083 (10/02)