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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Aug 22, 2003 8:00 am Secretary of State DOCUMENT # L02000002512 08-22-2003 90075 003 ****50.00 1. Entity Name ACC ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 39 YAWL DRIVE 39 YAWL DRIVE COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 90 -0008202 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSLEY, CURTIS Street Address (P.O. Box Number is Not Acceptable) 1221 EAST NEW HAVEN AVE. MELBOURNE FL 32901 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE Change ☐ Addition Delete CASTILLO, RICHARD NAME NAME 300 SOUTH BANANA RIVER DRIVE BLVD -BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 Janice ☐ Delete TITLE ☐ Addition TITLE CASTILLO, JANIS C ASTILLO, JANICE NAME NAME 300 SOUTH BANANA RIVER DRIVE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-7IP MGRM ☐ Change TITLE Delete TITLE Addition CREWS, DONALD NAME NAME 39 YAWL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP COCOA BEACH FL 32931 MGRM ☐ Delete TITLE ☐ Change Addition TITLE CREWS, LUCILLE NAME NAME 39 YAWL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COCOA BEACH FL 32931 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP

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.