

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90029 015 \*\*\*\*50.00

**DOCUMENT # L02000024632**

1. Entity Name  
**ACH ACQUISITIONS, LLC**



Principal Place of Business  
**1515 N. FEDERAL HWY  
STE 300  
BOCA RATON, FL 33432**

Mailing Address  
**1515 N. FEDERAL HWY  
STE 300  
BOCA RATON, FL 33432**

**20008536**



04172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0470093**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CASSAS, ANDREW N  
1515 N. FEDERAL HWY  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CASSAS, ANDREW N
STREET ADDRESS	1515 N. FEDERAL HWY
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	CASSAS, GAIL
STREET ADDRESS	1515 N. FEDERAL HWY
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

**4/17/07**

Date

Daytime Phone #