

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025124

Entity Name: ACS, LLC

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11360 FORTUNE CIRCLE, SUITE E-7  
ATTN: WADE BYRD, P.A.  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11360 FORTUNE CIRCLE, SUITE E-7  
ATTN: WADE BYRD, P.A.  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 11-3660089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BYRD, WADE R ESQ.  
11360 FORTUNE CIRCLE, SUITE E-7  
WELLINGTON, FL 33414 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  
Name: SWATKOVSKY, ANDREW  
Address: 11360 FORTUNE CIRCLE, SUITE E-7  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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: ANDREW SWATKOVSKY

MGR

01/12/2012

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