2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-25-2003 90751 027 ****50.00

DOCUMENT # L02000025220

1. Entity Name
ACS HOLDINGS, LLC

44002058

Principal Place of Business	Mailing Address
4068 JEBB ISLAND CIRCLE WEST JACKSONVILLE FL 32224 US	4068 JEBB ISLAND CIRCLE WEST JACKSONVILLE FL 32224 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8708 Perimeter Park Blvd		8708 Perimeter Park Blvd.	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite1	
City & State Jacksonville, Fl		City & State Jacksonville, FL	
Zip 32216	Country USA	Zip 32216	Country USA

4. FEI Number 65-1187139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEUX, JOSEPH C JR.
1301 RIVERPLACE BLVD.
SUITE 2254
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 [signature] Skigen As President 4-22-03
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKIGEN, ANDREW L 4068 JEBB ISLAND CIRCE WEST JACKSONVILLE FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKIGEN, CYNTHIA 4068 JEBB ISLAND CIRCLE WEST JACKSONVILLE FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED [signature] 4-22-03 904-565-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #