

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014879

FILED
Apr 23, 2009
Secretary of State

Entity Name: ACV FAMILY SERVICES, L.L.C.

Current Principal Place of Business:

23730 PARK CENTER DRIVE
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4316
DOWLING PARK, FL 32064

New Mailing Address:

FEI Number: 65-1186343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOXLEY, JOHN
2320 N.E. 2ND STREET, STE. 4
OCALA, FL 34470 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: MGR () Delete
Name: KENNON, TOM
Address: 13507 COUNTY ROAD 136
City-St-Zip: LIVE OAK, FL 32060

Title: MGR () Delete
Name: SHEPARD, ADRIAN
Address: 1605 CANADY ROAD
City-St-Zip: WILMINGTON, NC 28411

Title: MGR () Delete
Name: CHURCHILL, DON
Address: 3003 TRILLIUM CT
City-St-Zip: AURORA, IL 60506

Title: MGR () Delete
Name: THOMAS, RON
Address: 14601 ALBEMARLE ROAD
City-St-Zip: CHARLOTTE, NC 28227

Title: MGR () Delete
Name: FENLASON, JOHN
Address: 8451 135TH AVE., SE
City-St-Zip: NEWCASTLE, WA 98059

Title: MGR () Delete
Name: FLORENCE, PEYTON
Address: 23367 RIVER BIRCH LANE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FENLASON, JOHN
Address: 8451 135TH AVE., SE
City-St-Zip: NEWCASTLE, WA 98059

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TOM KENNON

MGR

04/23/2009

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