

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000026963

1. Entity Name
ACE4BONES, LLC



FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90222 006 ****55.00

Principal Place of Business
8801 WENDY LANES
WEST PALM BEACH, FL 33411 US

Mailing Address
LAW OFFICES OF STUART R. MORRIS, P.A.
7000 W. PALMETTO PK ROAD, SUITE 310
BOCA RATON, FL 33433 US



03032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
42-1618083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, STUART R
7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433

**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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACEVEDO, MARY J 8801 WENDY LANES WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jorge Acevedo 8801 Wendy Lane South WEST Palm beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

3/13/06 (561) 795-2888