

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90139 017 ****50.00

DOCUMENT # L04000005009

1. Entity Name

ACME CONSTRUCTION COMPANY LLC



Principal Place of Business

527 NE 16TH STREET
FORT LAUDERDALE FL 33304

Mailing Address

527 NE 16TH STREET
FORT LAUDERDALE FL 33304

2. Principal Place of Business

208 NE 22 ST

3. Mailing Address

208 NE 22 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILTON MANORS FL

City & State

WILTON MANORS FL

4. FEI Number

01-0804580

Applied For

Not Applicable

Zip

33305

Country

USA

Zip

33305

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARREPY, STEPHEN C
527 NE 16 STREET
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name GARREPY, STEPHEN C

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

208 NE 22 ST

City WILTON MANORS

FL

Zip Code 33305

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

Stephen C Garrepy

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GARREPY, STEPHEN C
STREET ADDRESS 527 NE 16 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete

TITLE MGRM
NAME GROSSKAMP, AMY E
STREET ADDRESS 527 NE 16 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stephen C Garrepy

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

Date

Daytime Phone #

2-7-05 954-895-6500