

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000006347

1. Entity Name
ACME FILL, LLC



Principal Place of Business
**5700 S.W. HIGHWAY 484
OCALA, FL 34473**

Mailing Address
**5700 S.W. HIGHWAY 484
OCALA, FL 34473**



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1467729

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGINLEY, RICHARD
5700 SW HWY 484
OCALA, FL 34473**

**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**

000000386088
01/18/06-80043-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGINLEY, RICHARD 5700 SW HWY 484 OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGINLEY, MARY 5700 SW HWY 484 OCALA, FL 34478
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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 606, Florida Statutes.

SIGNATURE: _____

1/11/06