2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 18, 2005 8:00 am
Secretary of State

02-25-2005 90025 029 ****50.00

DOCUMENT # L04000020729

1. Entity Name
ACIC, LLC

30002065

Principal Place of Business	Mailing Address
~~3200 SE BRAEMER WAY~~ PORT SAINT LUCIE, FL 34952 US	~~3200 SE BRAEMER WAY~~ PORT SAINT LUCIE, FL 34952 US

2. Principal Place of Business	3. Mailing Address
3209 SE BRAEMAR WAY	3209 SE BRAEMAR WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0872681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITTS, VADEN S ~~3209 SE BRAEMER WAY~~ PORT SAINT LUCIE, FL 34952	Name - Street Address (P.O. Box Number Is Not Acceptable) 3209 SE BRAEMAR WAY 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, 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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTS, VADEN S ~~3200 SE BRAEMER WAY~~ PORT SAINT LUCIE, FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3209 SE BRAEMAR WAY ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Vaden S. Pitts, Mgr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #