

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020967

Entity Name: ACE STOR-ALL, LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

2951 LORETTO ROAD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-2742262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

JANES, ROBERT S
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US

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: ROBERT S. JANES

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SESSIONS, JOHN
Address: 8235 WOODGROVE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: SESSIONS, KEVIN
Address: 8235 WOODGROVE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: JANES, ROBERT
Address: 5951 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT JANES

MGR

04/05/2007

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