


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90003 020 ****50.00

DOCUMENT # L04000064890 1. Entity Name ACM INVESTMENTS, LLC					
Principal Place of Business 2656 SW RIVER SHORE DRIVE PORT ST. LUCIE, FL 34984			Mailing Address 2656 SW RIVER SHORE DRIVE PORT ST. LUCIE, FL 34984		
2. Principal Place of Business 2656 SW River Shore Dr			3. Mailing Address ← Same		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Port St. Lucie, FL			City & State 		
Zip 34984		Country USA		07012005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent NAVARETTA, STEPHEN 1100 SW ST. LUCIE WEST BLVD 203 PORT ST. LUCIE, FL 34986				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NADALIN, MARGERY A 2656 SW RIVER SHORE DRIVE PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NADALIN, ANDREW V 2656 SW RIVER SHORE DRIVE PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NADALIN, CHARLENE 2656 SW RIVER SHORE DRIVE PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>M. Nadalin</i>				7-1-05 772-878-7480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	