

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074098

1. Entity Name
ACD INVESTMENTS, LLC



Principal Place of Business
821 WHIPPORWILL DRIVE
PORT ORANGE, FL 32127

Mailing Address
P O BOX 2097
DAYTONA BEACH, FL 32115



04112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1777301

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CLIG, JOHN
532 LEGUME DRIVE
PORT ORANGE, FL 32127

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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 RUDY DUBOVEC 821 WHIPPORWILL DR. PORT ORANGE FL 32127 4-11-06
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

1100000515637
04/29/06-80222-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLIG, JOHN
532 LEGUME DRIVE
PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALEXANDER, JAMES
817 WHIPPORWILL DRIVE
PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUBOVEC, RUDY J
821 WHIPPORWILL DRIVE
PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE: RUDY DUBOVEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-06 386-952-1648
Date Daytime Phone #