2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/5/2006-90050-002 $50.00-$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 11:25

DOCUMENT # L05000027822

1. Entity Name
ACME HARDWOOD, L.L.C.

Principal Place of Business	Mailing Address
936 5TH ST N #1 ← (OLD) ST PETE, FL 33701 NEW ↓	936 5TH ST N #1 ← (OLD) ST PETE, FL 33701 NEW: ↓

07242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
508 W SITKA ST		508 W SITKA ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FLORIDA		City & State: TAMPA FLORIDA	
Zip: 33604	Country: USA	Zip: 33604	Country: USA

4. FEI Number: 47-095-2462 (SAME #) ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANKENSHIP, RYAN
936 5TH ST N #1
ST PETE, FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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] 7/24/06 RYAN BLANKENSHIP (SOLE MEMBER) 7/24/06

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RYAN BLANKENSHIP MGRM 508 W. SITKA TAMPA FL 33604	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: [signature] 7/24/06 7/24/06 (813) 751-7884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #