2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L05000034131

Entity Name: ACME, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

2520 S.W. CORAL WAY
2-026
MIAMI, FL 33145

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

2520 S.W. CORAL WAY
2-026
MIAMI, FL 33145

FEI Number: 20-2777652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RANGEL, ALEXANDRE
11900 BISCAYNE BOULEVARD
700
MIAMI, FL 33145 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: ALEXANDRE RANGEL 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ANDREE THORENT CABEZAS	
Address:	RES. EL MIRADOR, CALLE BUENAIRE APTO D-23	
City-St-Zip:	CARACAS, 1061 VENEZUELA,	
Title:	MGRM	( ) Delete
Name:	CATHERINE CABEZAS THORENT	
Address:	RES. EL MIRADOR, CALLE BUENAIRE APTO D-23	
City-St-Zip:	CARACAS, 1061 VENEZUELA,	
Title:	MGRM	( ) Delete
Name:	MARIA ELENA CABEZAS THORENT	
Address:	RES. EL MIRADOR, CALLE BUENAIRE APTO D-23	
City-St-Zip:	CARACAS, 1061 VENEZUELA,	

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 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: CATHERINE CABEZAS THORENT MGRM 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date