2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000053550

1. Entity Name
ACI, LLC

Principal Place of Business	Mailing Address
1000 N RIVERSIDE DRIVE INDIALANTIC, FL 32903	1000 N RIVERSIDE DRIVE INDIALANTIC, FL 32903

DO NOT WRITE IN THIS SPACE

04262008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4863408	Not Applicable

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

6. Name and Address of Current Registered Agent

PEPAJ, DJON
1000 N RIVERSIDE DRIVE
INDIALANTIC, FL 32903

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEPAJ, DJON
STREET ADDRESS	1000 RIVERSIDE DR
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/08-80080-016 138.75

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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: Djon Pepaj

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