

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063024

Entity Name: ACP SANFORD, LLC

FILED
Jun 25, 2009
Secretary of State

Current Principal Place of Business:

25352 WESLEY CHAPEL BLVD.
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

25352 WESLEY CHAPEL BLVD.
LUTZ, FL 33559

New Mailing Address:

FEI Number: 65-1283813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LANIGAN, DAVID C JD, LLM
DAVID LANIGAN P.A.
10927 NORTH 56TH STREET
TAMPA, FL 336173000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELSE, BRIAN E
Address: 501 HOLLY LANE
City-St-Zip: BRANDON, FL 33570

Title: MGR () Delete
Name: ELSE, ARLON E
Address: 450 E. HAMILTON LANE
City-St-Zip: BATTLE CREEK, MI 49015

Title: MGR () Delete
Name: FALLS, LAWRENCE R
Address: 25352 WESLEY CHAPEL BLVD.
City-St-Zip: LUTZ, FL 33559

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: LAWRENCE FALLS

MGR

06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date