

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90121 032 \*\*\*\*50.00

DOCUMENT # L06000090418

1. Entity Name  
ACED LLC



Principal Place of Business

10531 SATELLITE BLVD  
ORLANDO, FL 32837 US

Mailing Address

10531 SATELLITE BLVD  
ORLANDO, FL 32837 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-5702305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name EMIL DELPRETE

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

10531 SATELLITE BLVD

City ORLANDO

FL

Zip Code 32837

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

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME MGRM  
STREET ADDRESS PRETE, EMIL D  
CITY-ST-ZIP 10531 SATELLITE BLVD  
ORLANDO, FL 32837 ☐ 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 ~~XXXXXXXXXXXX~~ ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #