2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 27, 2008 8:00 am Secretary of State

DOCUMENT # L07000024 1. Entity Name ACC SECURITIES, LLC		03-27-20	08 90086 007	***138.75	
Principal Place of Business 210 KAWAMA LANE PALM BEACH, FL 33480 US	ANE 210 KAWAMA LANE		60017544		
2. Principal Place of Business - No P.O. Box # 4440 PGA Blvci Suite, Apt. #, etc.	3. Mailing Address 444 Spire, Apt. #, etc.		-		
Suite 405 City & State	Joilto 405	····	03252008 Chg-LLC	CR2E083	3 (12/06) Applied For (
Paym Beach GARDENS FL	***************************************	dens FL	4. FEI Number 20 - 86 2 81	50	Not Applicable
33410 Country USA	33410	Ountry USA	5. Certificate of Status Desir		5.00 Additional se Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of N	aw Registered Age	ent
CLARK, ALFRED C 210 KAWAMA LANE 4440	PLA Blul, St 400 Beach Gadens F2 33410	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH, FL 33480 PAIM	Beach Gaders 12	-			
\bigcap	,	City		FL	Zip Code
8. The above named entity submits this statement to the obligations of registered agent.	he purpose of changing its regi	stered office or register	red agent, or both, in the State	of Florida. I am fan	niliar with, and accept
SIGNATURE Signature, type-ber printed ritaine of registered agent	NOTE: Reg	istered Agent signature required	SIDSIO8	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			•	Make check pay orida Departmen	
9. MANAGING MEMBE	·	10.	ADDITIO	ONS/CHANGES	
NAME CLARK, ALFRED C STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480	L) Delete	NAME STREET ADDRESS CITY-S1-ZIP		L	Change Addition
TITLE NAME STREET ADDRESS	□ Delete	TITLE NAME STREET ADDRESS		С	Change Addition
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CITY-ST-ZIP		CITY-SI-ZIP			
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
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TITLE	□ Delete	TITLE		<u>}</u>	Change Addition
NAME STREET ADDRESS	J	NAME STREET ADDRESS	•		
11: Thereby certify that the information supplied with	this filing does not qualify far the	exemptions contained	in Chapter 119, Florida Statute	s. I further certify th	nat the information
indicated on this report is true and accurate and that my signal use 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 appowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:					