


FILED
Jun 09, 2008 8:00 am
Secretary of State

05-01-2008 90035 039 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | |
|--|--|---|---|
| DOCUMENT # L07000027925 | |  | |
| 1. Entity Name ACP STRATEGIC ADVISORS LLC | | | |
| Principal Place of Business 444 BRICKELL AVENUE, STE 900 MIAMI, FL 33131 | | Mailing Address 444 BRICKELL AVENUE, STE 900 MIAMI, FL 33131 | |
| 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 |
| 6. Name and Address of Current Registered Agent LEGAGNEUR, NATHALIE 444 BRICKELL AVENUE, STE 900 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Jude M. Williams 444 Brickell Avenue Suite 900 Miami, FL 33131 L Zip Code | |
| 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 <u><i>Jude M. Williams</i></u> DATE <u>02/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Allen C. de Olazarra 444 Brickell Avenue, Suite 900 Miami, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u><i>Jude M. Williams</i></u> (authorized rep.) | | Date <u>02/28/08</u> 305.995.9998 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |

30008944



02152008 Chg-LLC CR2E083 (12/06)

4. FEL Number 20-8637460 Applied For ☐ Not Applicable ☐

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