

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084595

FILED
Apr 03, 2009
Secretary of State

Entity Name: A CLASS ACT LIMOUSINES, LLC

Current Principal Place of Business:

2561 SE VICTORY AVE.
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2561 SE VICTORY
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 26-0703405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCOIN, FRANCIS J
2187 NW PINE LAKE DR.
STUART, FL 34994 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: CORLETO, BUD
Address: 2561 SE VICTORY AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: MGRM () Delete
Name: DUCOIN, FRANCIS J
Address: 2187 NW PINE LAKE DR.,
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: DUCOIN, MARY JANE
Address: 2187 NW PINE LAKE DR.
City-St-Zip: STUART, FL 34994 US

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: F BUD CORLETO

MGR

04/03/2009

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