

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000034313

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** AACE ENTERTAINMENT, LLC

**Current Principal Place of Business:**

15640 CRYSTAL LAKE DRIVE  
NORTH FT MYERS, FL 33917

**New Principal Place of Business:**

8741 WESLEYAN DR  
1401  
FT MYERS, FL 33919

**Current Mailing Address:**

15640 CRYSTAL LAKE DRIVE  
NORTH FT MYERS, FL 33917

**New Mailing Address:**

8741 WESLEYAN DR  
FT MYERS, FL 33919

**FEI Number:** 26-2375298      **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:**

BESSEY, DENNIS J  
1920 VIRGINIA AVE STE 102  
FT MYERS, FL 33901 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:** DENNIS J. BESSEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** STRATOTI, PATRICK  
**Address:** 15640 CRYSTAL LAKE DRIVE  
**City-St-Zip:** NORTH FT MYERS, FL 33917

**ADDITIONS/CHANGES:**

**Title:** MGR      (X) Change ( ) Addition  
**Name:** STRATOTI, PATRICK  
**Address:** 8741 WESLEYAN DR  
**City-St-Zip:** FT MYERS, FL 33919

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:** PATRICK STRATOTI

MGMR

10/19/2009

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