

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034988

Entity Name: ACADE, LLC.

FILED
May 23, 2009
Secretary of State

Current Principal Place of Business:

1529 BULLBUSH WAY
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1529 BULLBUSH WAY
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

DAVENPORT, CHRIS
1529 BULLBUSH WAY
OVIEDO, FL 32765 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: MGRM () Delete
Name: DAVENPORT, CHRIS
Address: 1529 BULLBUSH WAY
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: HOPKINS, KRISTIN
Address: 113 CENTENNIAL DR
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM () Delete
Name: DAVENPORT, BRITTANY
Address: 313 SATSUMA DR
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DAVENPORT, BRITTANY
Address: 2517 BULLION LOOP
City-St-Zip: SANFORD, FL 32771 US

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: CHRIS DAVENPORT

MGRM

05/23/2009

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