2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L08000043101

Entity Name: AMERICAN COMPLIANCE MASTERS LLC

Current Principal Place of Business:

830 N. ATLANTIC AVENUE #B1403
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

830 N. ATLANTIC AVENUE #B1403
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 74-3258544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, STE 730
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: BOEBEL, GARY M
Address: 830 N. ATLANTIC AVE. B1403
City-St-Zip: COCOA BEACH, FL 32931 US

Title: TRES ( ) Change (X) Addition
Name: BOEBEL, GARY M
Address: 830 N. ATLANTIC AVE. B1403
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP ( ) Change (X) Addition
Name: BOEBEL, KATHLEEN A
Address: 830 N. ATLANTIC AVE. B1403
City-St-Zip: COCOA BEACH, FL 32931 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: M. GARY BOEBEL PRES 01/06/2009

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