

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000067231

Entity Name: A/C SOLUTIONS, LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

4300 US 1  
SUITE B  
ROCKLEDGE, FL 32955

## **New Principal Place of Business:**

4290 US HIGHWAY 1  
SUITE B  
ROCKLEDGE, FL 32955

## **Current Mailing Address:**

4300 US 1  
SUITE B  
ROCKLEDGE, FL 32955

## **New Mailing Address:**

4290 US HIGHWAY 1  
SUITE B  
ROCKLEDGE, FL 32955

FEI Number: 26-2958047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

BLUME, JAMES V III  
4300 US 1  
SUITE B  
ROCKLEDGE, FL 32955 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  
Name: BLUME, JAMES V III  
Address: 4300 US 1 SUITE B  
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM  
Name: YOUNG, BYRON F II  
Address: 4300 US 1 SUITE B  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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: JAMES BLUME III

MMGR

03/30/2010

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