

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087450

**Entity Name:** LACE SERVICES LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1718 OAK BREEZE AVE  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

1718 OAK BREEZE AVE  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 80-0252816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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  
**Name:** MARQUES, ANA P  
**Address:** 1718 OAK BREEZE AVE  
**City-St-Zip:** KISSIMMEE, FL 34744 US

**Title:** MGR  
**Name:** QUINTINITA, ZARINA  
**Address:** 1718 OAK BREEZE AVE  
**City-St-Zip:** KISSIMMEE, FL 34744 US

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:** ANA MARQUES ARNP-C

ARNP

01/04/2012

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