

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110393

Entity Name: ACME GOLF, LLC

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

2875 N HWY AIA- STE 605
INDIALANTIC, FL 320932165

New Principal Place of Business:

2875 N HWY AIA
SUITE 605
INDIALANTIC, FL 320932165 US

Current Mailing Address:

2875 N HWY AIA- STE 605
INDIALANTIC, FL 320932165

New Mailing Address:

2875 N HWY AIA
SUITE 605
INDIALANTIC, FL 320932165 US

FEI Number: 26-3785422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROUCH, SIDNEY D
2875 N HWY AIA- STE 605
INDIALANTIC, FL 320932165 US

Name and Address of New Registered Agent:

CROUCH, SIDNEY D
2875 N HWY AIA
SUITE 605
INDIALANTIC, FL 320932165 US

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:

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTENSEN, SUSAN M
Address: 2875 N HWY AIA- STE 605
City-St-Zip: INDIALANTIC, FL 320932165

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: CROUCH, SIDNEY D
Address: 2875 N. HIGHWAY A-1-A, STE. 605
City-St-Zip: INDIALANTIC, FL 329032165 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: SIDNEY D. CROUCH

MGR

04/03/2009

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