

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000098566

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** ACE CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

786 NW 151 AVE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

339 SW 121 AVE  
PEMBROKE PINES, FL 33025 US

**Current Mailing Address:**

786 NW 151 AVE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

339 SW 121 AVE  
PEMBROKE PINES, FL 33025 US

**FEI Number:** 27-1456183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUSTIN, CHARLES S  
786 NW 151 AVE  
PEMBROKE PINES, FL 33028 US

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

AUSTIN, CHARLES S  
339 SW 121 AVE  
PEMBROKE PINES, FL 33025 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: CHARLES S. AUSTIN

06/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AUSTIN, CHARLES S  
Address: 339 SW 121 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGR  
Name: AUSTIN, ELIZABETH M  
Address: 339 SW 121 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025 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: CHARLES S. AUSTIN

MGR

06/17/2010

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