

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118559

Entity Name: A/C MEDIC 911, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8625 EVERGREEN LN  
ST JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

8625 EVERGREEN LN  
ST JAMES CITY, FL 33956

**New Mailing Address:**

FEI Number: 27-1480983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTRACTORS REPORTING SERVICE INC  
13795 N NEBRASKA AVE  
TAMPA, FL 33613 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: BAKER, EUGENE W  
Address: 8625 EVERGREEN LN  
City-St-Zip: ST JAMES CITY, FL 33956 US

Title: MGRM  
Name: BAKER, KAREY  
Address: 8625 EVERGREEN LN  
City-St-Zip: TAMPA, FL 33956 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: EUGENE BAKER

MGRM

04/25/2011

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