

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000112854

Entity Name: ACM INSURANCE, LLC

FILED
Sep 12, 2011
Secretary of State

Current Principal Place of Business:

1440 DUNN AVE
SUITE 29
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

1440 DUNN AVE
SUITE 29
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 90-0626886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, ANITA C
1440 DUNN AVE
SUITE 29
JACKSONVILLE, FL 32218 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: MATHIS, ANITA C
Address: 1440-29 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM
Name: MATHIS, GLENN G
Address: 1440-29 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218 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: ANITA C MATHIS

MGRM

09/12/2011

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