

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000134624

Entity Name: AC SQUARED, LLC

**FILED**  
**Nov 30, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1022 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1022 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 46-3728297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABRAMS, JOY  
1022 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483 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: JOY ABRAMS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: ABRAMS, JOY L  
Address: 1022 E. HERITAGE CLUB CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: ABRAMS, ROBERT G  
Address: 1022 E. HERITAGE CLUB CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: COHEN, STEPHEN D  
Address: 617 ELDORADO LANE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR  
Name: ABRAMS, DANA M  
Address: 617 ELDORADO LANE  
City-St-Zip: DELRAY BEACH, FL 33444

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JOY ABRAMS

MGR

11/30/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date