L16000001369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/09/18--01018--012 **35.00

01/31/18--01011--007 **20.00

FILED
2018 MAY -7 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 10 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACA PRODUCTIONS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AELITA ARCHBOLD
Name of Person

ACA PRODUCTIONS LLC
Firm/Company

394 MANGROVE THICKET BLVD.;
Address

PONTE VEDRA, FL 32081
City/State and Zip Code

PEMCHICAGO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AELITA ARCHBOLD at (630) 800-6641
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

☒ SENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2018

AELITA ARCHBOLD
394 MANGROVE THICKET BLVD
PONTE VEDRA, FL 32081

SUBJECT: ACA PRODUCTIONS, LLC
Ref. Number: L16000001369

We have received your document for ACA PRODUCTIONS, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 118A00008230

RECEIVED
2018 MAY -7 PM 1:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2018 MAY -7 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2018

AELITA ARCHBOLD
394 MANGROVE THICKET BLVD
PONTE VEDRA, FL 33612

SUBJECT: ACA PRODUCTIONS, LLC
Ref. Number: L16000001369

We have received your document for ACA PRODUCTIONS, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00004969

RECEIVED
2018 APR 20 AM 11:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2018

AELITA ARCHBOLD
394 MANGROVE THICKET BLVD
PONTE VEDRA, FL 33612

SUBJECT: ACA PRODUCTIONS, LLC
Ref. Number: L16000001369

We have received your document for ACA PRODUCTIONS, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 518A00002219

RECEIVED
2018 MAR 12 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

AELITA ARCHBOLD
394 MANGROVE THICKET BLVD
PONTE VEDRA, FL 32081

SUBJECT: ACA PRODUCTIONS, LLC
Ref. Number: L16000001369

We have received your document for ACA PRODUCTIONS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 018A00000615

RECEIVED
JAN 30 2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ACA PRODUCTIONS LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

394 MANGROVE THICKET BLVD
PONTE VEDRA, FL 32081

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

3. JAN 4, 2016 Date of filing/registration in Florida

4. L16000001369 Document number

5. (a) AELITA ARCHBOLD
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

394 MANGROVE THICKET BLVD.
PONTE VEDRA, FL 32081

(b) AELITA ARCHBOLD
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

394 MANGROVE THICKET BLVD.
PONTE VEDRA, FL 32081

FILED
2016 MAY -7 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be ~~identical~~. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X _____
Signature of a member or authorized representative of a member

AELITA ARCHBOLD
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all ~~statutes~~ relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)