

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L96000000911**

1. Entity Name  
**ACES Q.C., L.C.**



Principal Place of Business  
**1421 NW 47TH TERRACE  
GAINESVILLE, FL 32605**

Mailing Address  
**1421 NW 47TH TERRACE  
GAINESVILLE, FL 32605**



01172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3397689**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BARTLETT, RODNEY J  
1421 NW 47TH TERRACE  
GAINESVILLE, FL 32605**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000792072

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

01/23/08-80104-001 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BARTLETT, RODNEY J
STREET ADDRESS	1421 NW 47TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM
NAME	BARTLETT, BEVERLY F
STREET ADDRESS	1421 NW 47TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Beverly F Bartlett BEVERLY F BARTLETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/18/2008

Date

352.377.8257

Daytime Phone #