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CARVER, DARDEN, KORETZKY, TESSIER, FINN, BLOSSMAN & AREAUX LLC NEW ÖRLEANS PENSACOLA LINDA A. HOFFMAN1300 WEST MAIN STREET PENSACOLA, FLORIDA 32501					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2007

CARVER, DARDEN, KORETZKY, TESSIER, FINN, BLOSSMAN & ARE 1300 WEST MAIN STREET PENSACOLA, FL 32501

SUBJECT: ACME MANAGEMENT GROUP, L.L.C.

Ref. Number: M02000002028

We have received your document for ACME MANAGEMENT GROUP, L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 307A0005149494 SEP 17 P 3: 2

CARVER, DARDEN, KORETZKY, TESSIER, FINN, BLOSSMAN & AREAUX LLC NEW ORLEANS PENSACOLA

LINDA A. HOFFMAN PENSACOLA OFFICE

(850) 266-2302 hoffman(@caryerdarden.com

September 4, 2007

Agnes Lunt Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Your Letter No: 307A00051494

Subject: acme Management Group, L.L.C. - M02000002028

Dear Agnes:

We are in receipt of your August 27, 2007 letter, as referenced above. We have enclosed the completed forms for the change of Registered Agent office for this limited liability company. Ms. Hoffman has signed as Registered Agent and hereby confirms that the Acme Management Group, L.L.C. has been notified in writing of the change of address of the Registered Agent.

If you need further assistance, please contact me.

Sincerely.

Carol Battles

Legal Assistant to Linda A. Hoffman

/ccb Enclosures

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Acme Management Group, (Name of I		ity Company)			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change	and fee(s) are sub	mitted for filing.		
Please return all correspondence concerning	this matter to	the following:			
Linda A. Hoffman		_			
(Name of Person)					
Carver, Darden		_	2001 SEP 17 SECRETARY TALLAHASSE		
(Firm/Company)			AFF. TE	NOT THE OWNER.	
1300 W. Main Street				m	
(Address)		···	OF S	O	
Pensacola, FL 32501			3: 20 STATE FLORID		
(City/State and Zip Code)	,	-			
For further information concerning this matter	er, please call:				
Carol Battles	at (850) 266-2300			
(Name of Person)		Area Code & Day	time Telephone N	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	g amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited	l liability company is:	Acme Mana	gement Group, L.L.	C	<u>.</u>
2. The mailing address of	the limited liability co	ompany is : _	110 Veterans Blvd	I., Suite 203A	, Metairie,
LA, 70005					
08/02/2002			M02000002028		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S		stered office	address as show	n on the reco	rds of the
.•	Linda A. Hoffman, I	Esq.		_	
		Name			
	Emmanuel, Sheppare		, 30 S. Spring St	ireet —	
		Address			
	Pensacola, FL, 32502	Z State and Z	n	_	
	•		-		
6. The name and address o	f the new registered a	gent and/or o	office:		
				ત્ર	
•	·	Name		FE 28	
	1300 W. Main Street			- CRE	**V=1
-	Florida street address	s (P.O. Box	NOT acceptable	ARE TA	<u> </u>
	_			28 – 1 1 – 28 – 28 – 28 – 28 – 28 – 28 – 28 – 2	
 	Pensacola	FL 3250	····	<u>a, ∩</u> ∩o	M
	City, S	State and Zip	!	F W	
If the limited liability components of the chand the business office of the liability company, it is here of the members of the limited or the operating agreements.	ange or changes are manged are manged the registered agent with the confirmed that the ited hability company	nade, the Flo ill be identic change(s) v or as otherw	ws of the State of rida street addres al. Or, in the cas was/were authoriz	ss of the regisse of a Floridated by an affi	stered office a limited irmative vote
(Signature of a member or authoriz	ed representative of a member	er)			
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the confirmation to t	ntment as registered as of all statutes relative accept the obligation is document is being that the limited liability.	gent and agr to the prop s of my posi filed to mere ty company l	ee to act in this eer and complete tion as registered by reflect a changes been notified	capacity. I fi performance performance definition as pro- ge in the regi in writing of	urther agree to of my duties, ovided for in stered office this chänge.
(Signature of Registered Agent)	· · · ·				
Division	of Corporations, P.	O. Box 6327	. Tallahassee. F	L 32314	

FILING FEE: \$25.00

INHS18 (8/05)