

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003328

**FILED**  
**Mar 24, 2017**  
**Secretary of State**  
**CC5114450451**

**Entity Name:** ACOPI LLC

**Current Principal Place of Business:**

1256 BENT OAK TRAIL  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1256 BENT OAK TRAIL  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3681312

**Certificate of Status Desired:** No

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

MEAD, GLENDA  
1256 BENT OAK TRAIL  
ALTAMONTE SPRINGS, FL 32714 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name MEAD, DENISE M  
Address 1256 BENT OAK TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR  
Name MEAD, GLENDA D  
Address 1256 BENT OAK TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR  
Name MEAD, WILLIAM W  
Address 1256 BENT OAK TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLENDA MEAD

MGR

03/24/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date