

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000365

**Entity Name:** ACTS ACQUISITION AND DEVELOPMENT COMPANY, LLC**Current Principal Place of Business:**420 DELAWARE DRIVE  
P.O. BOX 2222  
FORT WASHINGTON, PA 19034**Current Mailing Address:**420 DELAWARE DRIVE  
P.O. BOX 2222  
FORT WASHINGTON, PA 19034 US**FEI Number:** 87-0909667**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** DANIELLE FAUST

03/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO, CHAIRMAN	Title	PRESIDENT, ASST. SECRETARY
Name	GRANT, GERALD T	Name	CHRISTIENSEN, KAREN
Address	420 DELAWARE DRIVE P.O. BOX 2222	Address	420 DELAWARE DRIVE P.O. BOX 2222
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	FORT WASHINGTON PA 19034
Title	SECRETARY	Title	TREASURER
Name	FOX, GLENN D ESQ.	Name	AHERN, SUSAN
Address	420 DELAWARE DRIVE P.O. BOX 2222	Address	420 DELAWARE DR P.O. BOX 2222
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	FORT WASHINGTON PA 19034
Title	ASSITANT TREASURER	Title	DIRECTOR
Name	VALDIVIA, PEGGY ASST. TREASURER	Name	MASHNER, MARVIN
Address	420 DELAWARE DRIVE P.O. BOX 2222	Address	420 DELAWARE DRIVE P.O. BOX 2222
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	FORT WASHINGTON PA 19034
Title	DIRECTOR	Title	DIRECTOR
Name	ESTERHAI, JOHN L	Name	EVANS, ROBERT
Address	420 DELAWARE DRIVE P.O. BOX 2222	Address	420 DELAWARE DRIVE P.O. BOX 2222
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	FORT WASHINGTON PA 19034

**Continues on page 2**

*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:** GLENN D. FOX

SECRETARY

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	DIRECTOR
Name	KELLY, MICHAEL
Address	420 DELAWARE DRIVE P.O. BOX 2222
City-State-Zip:	FORT WASHINGTON PA 19034