

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000066989

**Entity Name:** ACM BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

390 VISTA OAK DR  
LONGWOOD, FL 32779

**Current Mailing Address:**

PO BOX 917329  
LONGWOOD, FL 32791 US

**FEI Number:** 20-1650302

**Certificate of Status Desired:** No

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

MURTHY, NALLURU C  
390 VISTA OAK DRIVE  
LONGWOOD, FL 32779 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 MGRM  
Name MURTHY, NALLURU C  
Address 390 VISTA OAK DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title MGR  
Name MURTHY, ARJUN  
Address 390 VISTA OAK DR  
City-State-Zip: LONGWOOD FL 32779

*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:** NALLURU C MURTHY

MGRM

04/14/2024

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

\_\_\_\_\_  
Date