

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000118559

Entity Name: A/C MEDIC 911, LLC**Current Principal Place of Business:**8625 EVERGREEN LANE
ST JAMES CITY, FL 33956**Current Mailing Address:**8625 EVERGREEN LANE
ST JAMES CITY, FL 33956 US**FEI Number:** 27-1480983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SERVICES CO.
7512 DR. PHILLIPS BLVD
SUITE 50-254
ORLANDO, FL 32819 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:** MICHAEL ANGELO REP. FL REGISTERED AGENT

03/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	BOOTS, DAVID C.
Address	8625 EVERGREEN LANE
City-State-Zip:	ST JAMES CITY FL 33956

Title	MGRM
Name	BOOTS, TERESA
Address	8625 EVERGREEN LN
City-State-Zip:	ST JAMES CITY FL 33956

Title	AP
Name	WEST, MONYA A.
Address	8625 EVERGREEN LANE
City-State-Zip:	ST JAMES CITY FL 33956

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: MONYA A WEST

MANAGER

03/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date