

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000118559

Entity Name: A/C MEDIC 911, LLC

Current Principal Place of Business:

5280 DOUG TAYLOR CIRCLE #9
ST JAMES CITY, FL 33956

Current Mailing Address:

5280 DOUG TAYLOR CIRCLE #9
ST JAMES CITY, FL 33956 US

FEI Number: 27-1480983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, EUGENE W
5280 DOUG TAYLOR CIRCLE #9
ST JAMES CITY, FL 33956 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 BAKER, EUGENE W
Address 8625 EVERGREEN LN
City-State-Zip: ST JAMES CITY FL 33956

Title MGRM
Name BAKER, KAREY
Address 8625 EVERGREEN LN
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: EUGENE BAKER

MEMBER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date