

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000021128

Entity Name: ACS OF NORTH FLORIDA, LLC

Current Principal Place of Business:

3315 GOLDEN RAIN DR.
TALLAHASSEE, FL 32303

Current Mailing Address:

3315 GOLDEN RAIN DR.
TALLAHASSEE, FL 32303 US

FEI Number: 32-0336361

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GARDNER, PAMELA D
3315 GOLDEN RAIN DR.
TALLAHASSEE, FL 32303 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 GARDNER, PAMELA D
Address 3315 GOLDEN RAIN DR.
City-State-Zip: TALLAHASSEE FL 32303

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: PAMELA D. GARDNER

OWNER

04/30/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date