

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000170407

Entity Name: ACQUISITIONS TRUST, LLC

Current Principal Place of Business:

4907 N FLORIDA AVE.
TAMPA, FL 33603

Current Mailing Address:

P.O. BOX 9711
TAMPA, FL 33674 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAVICH, JUSTIN W
4907 N FLORIDA AVE.
TAMPA, FL 33603 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 SAVICH, JUSTIN W
Address 4907 N FLORIDA AVE.
City-State-Zip: TAMPA FL 33603

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: JUSTIN SAVICH

MANAGER

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date