

**2016 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 W SAVICH

**MANAGER**

**04/26/2016**

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

\_\_\_\_\_  
Date