

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000088317

**Entity Name:** ACA ADVISOR, LLC

**Current Principal Place of Business:**

1455 NW 107 AVE #235K  
MIAMI, FL 33172

**Current Mailing Address:**

8000 NW 7TH ST #200  
MIAMI, FL 33126 US

**FEI Number:** 47-1053290

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACOSTA, MICHAEL  
1455 NW 107 AVE #235K  
MIAMI, FL 33172 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 MGR  
Name ACOSTA, MICHAEL  
Address 1455 NW 107 AVE #235K  
City-State-Zip: MIAMI FL 33172

*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:** MICHAEL ACOSTA

**MANAGER**

**04/02/2015**

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

\_\_\_\_\_  
Date