

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000069983

**Entity Name:** ACE LEGAL AND MEDICAL REFERRAL SERVICE LLC

**Current Principal Place of Business:**

2740 SW MARTIN DOWNS BLVD  
#273  
PALM CITY, FL 34990

**Current Mailing Address:**

2740 SW MARTIN DOWNS BLVD  
#273  
PALM CITY, FL 34990

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

SCHUEMANN & COMPANY, LLC  
250 TEQUESTA DRIVE  
SUITE 300  
TEQUESTA, FL 33469 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            AMBR  
Name            SMAC HOLDINGS LLC  
Address        2740 SW MARTIN DOWNS BLVD #273  
City-State-Zip: PALM CITY FL 34990

Title            MGR  
Name            DR3 LIMITED LIABILITY COMPANY  
Address        4521 PGA BLVD  
                  SUITE 121  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            MGR  
Name            AJJV LIMITED LIABILITY COMPANY  
Address        4326 SW ATHENA DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34953

*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: DANIEL RAGLAND**

**MEMBER**

**04/30/2017**

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

\_\_\_\_\_  
Date