

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000076489

**Entity Name:** ACERMER II LLC

**Current Principal Place of Business:**

16001 COLLINS AVE  
APT 405  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16001 COLLINS AVE  
APT 405  
SUNNY ISLES, FL 33160

**FEI Number:** 47-3885366

**Certificate of Status Desired:** No

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

MONTECALVO, MARIO  
16001 COLLINS AVE  
APT 405  
SUNNY ISLES, FL 33160 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 MONTECALVO, MARIO  
Address 16001 COLLINS AVE APT 405  
City-State-Zip: SUNNY ISLES FL 33160

Title MBR  
Name MONTECALVO, MARIA  
Address 16001 COLLINS AVE APT 405  
City-State-Zip: SUNNY ISLES FL 33160

*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:** MARIO MONTECALVO

MGRM

02/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date