

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000182180

**Entity Name:** VISION ACE ARCADIA, LLC**Current Principal Place of Business:**2375 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103**Current Mailing Address:**2375 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 US**FEI Number:** 59-3680544**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ACKROYD, JAMES W  
2375 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 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	SECRETARY
Name	PAYSON-ACKROYD, LYN
Address	2375 TAMIAMI TRAIL NORTH SUITE 200
City-State-Zip:	NAPLES FL 34103

Title	AUTHORIZED MEMBER
Name	CHAMBERS, JAMES
Address	2375 TAMIAMI TRAIL NORTH SUITE 200
City-State-Zip:	NAPLES FL 34103

Title	AUTHORIZED MEMBER
Name	VANOORT, DOUGLAS
Address	2375 TAMIAMI TRAIL NORTH SUITE 200
City-State-Zip:	NAPLES FL 34103

Title	PRESIDENT
Name	ANDERSON, KYLE
Address	2375 TAMIAMI TRAIL NORTH SUITE 200
City-State-Zip:	NAPLES FL 34103

*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:** LYN PAYSON-ACKROYD**SECRETARY****03/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date