

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000191194

Entity Name: ACAP 5, LLC

Current Principal Place of Business:

719 SOUTH PALAFOX STREET
PENSACOLA, FL 32502

Current Mailing Address:

719 SOUTH PALAFOX STREET
PENSACOLA, FL 32502

FEI Number: 82-3240539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOND, WILLIAM A
719 SOUTH PALAFOX STREET
PENSACOLA, FL 32502 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 ROBBINS, JASON
Address P.O. BOX 758
City-State-Zip: MORGANTOWN WV 26507

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: JASON ROBBINS

MANAGER

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date