

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000180400

**Entity Name:** RC ACRES LLC

**Current Principal Place of Business:**

18530 LAKE IOLA RD  
DADE CITY, FL 33523

**Current Mailing Address:**

18530 LAKE IOLA RD  
DADE CITY, FL 33523 US

**FEI Number:** 86-3504526

**Certificate of Status Desired:** Yes

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

RIMES, KAYLEE A  
18530 LAKE IOLA RD  
DADE CITY, FL 33523 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                | Title           | AMBR               |
| Name            | RIMES, KAYLEE A    | Name            | CHAMBERS, JORDAN A |
| Address         | 18530 LAKE IOLA RD | Address         | 18530 LAKE IOLA RD |
| City-State-Zip: | DADE CITY FL 33523 | City-State-Zip: | DADE CITY FL 33523 |

*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:** KAYLEE RIMES

MGR

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date