

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000239403

**Entity Name:** ACLE VC LLC

**Current Principal Place of Business:**

8700 W FLAGLER ST  
STE 405  
MIAMI, FL 33174

**Current Mailing Address:**

8700 W FLAGLER ST  
STE 405  
MIAMI, FL 33174 US

**FEI Number:** 87-0940650

**Certificate of Status Desired:** No

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

TRUST ADVISORS CORPORATION  
5781-B NW 151 STREET  
MIAMI LAKES, FL 33014 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            | ACLE, GEORGE S               | Name            | ACLE, DAPHNE G               |
| Address         | 8700 W FLAGLER ST<br>STE 405 | Address         | 8700 W FLAGLER ST<br>STE 405 |
| City-State-Zip: | MIAMI FL 33174               | City-State-Zip: | MIAMI FL 33174               |

*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:** GEORGE ACLE

**OWNER**

**02/28/2023**

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

\_\_\_\_\_  
Date