

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000016649

**Entity Name:** ACE REMEDIATION LLC

**Current Principal Place of Business:**

9215 SAFFRON DR E  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9215 SAFFRON DR E  
JACKSONVILLE, FL 32257 US

**FEI Number:** 92-1839988

**Certificate of Status Desired:** Yes

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

CHRISTOPHER, TIMOTHY F  
9215 SAFFRON DR E  
JACKSONVILLE, FL 32257 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 AMBR  
Name CHRISTOPHER, TIMOTHY F  
Address 9215 SAFFRON DR E  
City-State-Zip: JACKSONVILLE FL 32257

Title AMBR  
Name TEAGUE, ROSS R  
Address 12857 HUNTLEY MANOR DR  
City-State-Zip: JACKSONVILLE FL 32224

Title AMBR  
Name CHRISTOPHER, ADRIENNE R  
Address 9215 SAFFRON DR E  
City-State-Zip: JACKSONVILLE FL 32257

Title AMBR  
Name TEAGUE, SLADANA  
Address 12857 HUNTLEY MANOR DR  
City-State-Zip: JACKSONVILLE FL 32224

*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:** TIMOTHY F CHRISTOPHER

**OWNER/PARTNER**

**02/28/2024**

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

\_\_\_\_\_  
Date