

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000003509

Entity Name: ACT, LLC**Current Principal Place of Business:**3134 GULF BREEZE PKWY
GULF BREEZE, FL 32563**Current Mailing Address:**3134 GULF BREEZE PKWY
GULF BREEZE, FL 32563 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 VP
Name GODDARD, MATT
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

Title MGR, SECRETARY
Name BEATTIE, BRIAN
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

Title MGR, PRESIDENT
Name BACCHUS, RICK
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

Title MANAGER
Name BRANNON, GREG
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

Title MANAGER
Name HESTER, TROY
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

Title MANAGER
Name MILLER, MARK
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

Title TREASURER
Name MAHESON, SEANN
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

Title VP
Name DEMERS, JEREMY
Address 3134 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

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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: RICK BACCHUS

PRESIDENT

01/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VP
Name	TUMPERI, ERIC
Address	3134 GULF BREEZE PKWY
City-State-Zip:	GULF BREEZE FL 32563