#### **2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009491

Entity Name: ACROMETIS, LLC

**Current Principal Place of Business:** 

1055 WESTLAKES DRIVE SUITE 300

BERWYN, PA 19312

Apr 04, 2024 Secretary of State 2243012431CC

**FILED** 

## **Current Mailing Address:**

1055 WESTLAKES DRIVE SUITE 300 BERWYN, PA 19312 US

FEI Number: 45-3641748 Certificate of Status Desired: No

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

REGISTERED AGENTS INC 7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702 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: BILL HAVRE 04/04/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Authorized i croom(s) Detail :				
	Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
	Name	AZEEZ, MICHAEL	Name	AZEEZ FOUNDATION
	Address	2187 MARSEILLES DRIVE	Address	2187 MARSEILLES DRIVE
	City-State-Zip:	PALM BEACH FL 33410	City-State-Zip:	PALM BEACH FL 33410
	Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
	Name	VIA FONTANA, LLC	Name	PLUMERI, JOSEPH
	Address	1676 S. OCEAN BOULEVARD	Address	150 BRADLEY PLACE #906
	City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480
	Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
	Name	FITTS, EDWARD	Name	POOLE PARTNERS, LLC
	Address	90 LIGHTHOUSE DRIVE	Address	74 PERCHERON DRIVE
	City-State-Zip:	JUPITER FL 33469	City-State-Zip:	SPRING CITY PA 19475
	Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
	Name	SAAS SOFTWARE PARTNERS, LP	Name	POOLE, JERRY D.
	Address	P.O. BOX 1000	Address	74 PERCHERON DRIVE
	City-State-Zip:	PLEASANTVILLE NJ 08232	City-State-Zip:	SPRING CITY PA 19475

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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: WILLIAM C KIRTSOS III

**CFO** 

04/04/2024

# **Authorized Person(s) Detail Continued:**

Title AUTHORIZED MEMBER

Name KILROY, P. KEVIN

Address 1432 LANGHAM TERRACE

City-State-Zip: LAKE MARY FL 32746