

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90119 011 ****50.00

DOCUMENT # L05000072251 1. Entity Name APP, LLC					
Principal Place of Business 10175 FORTUNE PARKWAY SUITE 604 JACKSONVILLE, FL 32257			Mailing Address 10175 FORTUNE PARKWAY SUITE 604 JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 56-2525998					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CRABTREE, R.R. 8777 SAN JOSE BOULEVARD BUILDING A, SUITE 200 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			Applied For ☐ Not Applicable		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE CHARLES SKINNER COMPANY 3124 VENTURE PLACE #3 JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10175 FORTUNE PARKWAY SUITE 604 JACKSONVILLE FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK RE SERVICES, P.A. 100 BEAR PEN ROAD PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1169 NECK ROAD PONTE VEDRA BEACH FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER ARCHITECTURE AND DEVELOPMENT, INC. 5150 BELFORT ROAD SOUTH BUILDING 000 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10175 FORTUNE PARKWAY SUITE 701 JACKSONVILLE FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.					
SIGNATURE: _____ MGRM 4-17-07 704-519-8002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					