

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003250

**Entity Name:** APO ANNUITY MANAGER, L.L.C.

**Current Principal Place of Business:**

120 PIPER BOULEVARD  
PORT ORANGE, FL 32128

**Current Mailing Address:**

PO BOX 110  
CREAM RIDGE, NJ 08514 US

**FEI Number: 01-0596795**

**Certificate of Status Desired: No**

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

ELDER, GREGORY R  
2300 N. W. CORPORATE BLVD  
SUITE 215  
BOCA RATON, FL 33431 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:** GREGORY R ELDER

02/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	SCHECHER, RICHARD J	Name	GOETZ, MICHELLE
Address	120 PIPER BLVD	Address	P.O. BOX 110
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	CREAM RIDGE NJ 08514

*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:** MICHELLE GOETZ

MANAGER

02/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date