

**2019 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 415730  
MIAMI BEACH, FL 33141 US

**FEI Number:** 01-0596795

**Certificate of Status Desired:** No

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

SCHECHER, RICHARD J SR.  
120 PIPER BLVD  
PORT ORANGE, FL 32128 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:** RICHARD J. SCHECHER SR.

01/21/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER/DIRECTOR  
Name           SCHECHER, RICHARD J SR.  
Address        120 PIPER BLVD  
City-State-Zip: PORT ORANGE FL 32128

Title           MANAGER  
Name           SCHECHER, RICHARD J JR.  
Address        120 PIPER BOULEVARD  
City-State-Zip: PORT ORANGE FL 32128

Title           MANAGER  
Name           PATRLJA, LISA A  
Address        120 PIPER BOULEVARD  
City-State-Zip: PORT ORANGE FL 32128

*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:** RICHARD J SCHECHER, SR

**DIRECTOR**

01/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date