

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000099473

**Entity Name:** APNEA LLC

**Current Principal Place of Business:**

8888 SW 136 STREET  
K102  
MIAMI, FL 33176

**Current Mailing Address:**

8888 SW 136 STREET  
K102  
MIAMI, FL 33176 US

**FEI Number:** 26-1190833

**Certificate of Status Desired:** No

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

CERA, JAVIER  
8888 SW 136 STREET  
K102  
MIAMI, FL 33176 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 AUTHORIZED MEMBER  
Name DANIEL, NICHOLAS  
Address P. O. BOX 561626  
City-State-Zip: MIAMI, FL 33256

Title MANAGER  
Name CERA, JAVIER  
Address 8888 SW 136 STREET K102  
City-State-Zip: MIAMI FL 33176

*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:** JAVIER CERA

**MGR**

**02/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date