

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126743

**Entity Name:** APR ENERGY (US), LLC

**Current Principal Place of Business:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**FEI Number:** 36-4713644

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** JILL CILMI, ASSISTANT VICE PRESIDENT

01/15/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name CAMPION, JOHN J  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title VP  
Name ANDERSON, LAURENCE  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title CFO  
Name MARTINEZ, ANDREW  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title S  
Name LIST, STEVEN  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title TREASURER  
Name SEE, BENJAMIN  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title AUTHORIZED MEMBER  
Name APR ENERGY HOLDINGS LIMITED  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

*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:** STEVE LIST

**SECRETARY**

01/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date