

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000008969

Entity Name: APATP, LLC

Current Principal Place of Business:

22 WINTERGREEN WAY
OCALA, FL 34482

Current Mailing Address:

550 PARKS RD.
SHARPSBURG, GA 30277

FEI Number: 46-1965309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRENTELMAN, JOHN C
207 N MAGNOLIA AVE.
OCALA, FL 34475 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 MGRM
Name FOWLER, WILLIAM R
Address 550 PARKS RD.
City-State-Zip: SHARPSBURG GA 30277

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: WILLIAM R FOWLER

PRESIDENT

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date