

**2014 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

MGR

01/09/2014

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

\_\_\_\_\_  
Date