

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000101302

**Entity Name:** APR HOMES, LLC

**Current Principal Place of Business:**

115 JEWEL DR  
ALTAMONTE SPRINGS, FL 32714-2755

**Current Mailing Address:**

115 JEWEL DR  
ALTAMONTE SPRINGS, FL 32714-2755 US

**FEI Number:** 46-3222146

**Certificate of Status Desired:** No

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

VESCO, PAUL D  
115 JEWEL DR  
ALTAMONTE SPRINGS, FL 32714-2755 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 VESCO, PAUL D  
Address 115 JEWEL DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714-2755

Title MGR  
Name RIVERA, ANDRES R  
Address 1861 SOLDIERS PASS  
City-State-Zip: SAINT CLOUD FL 34769

Title MGRM  
Name THOMPSON, RANDALL K  
Address 1328 HOWARD ROAD  
City-State-Zip: LEESBURG FL 34748

Title MGR  
Name RIVERA, ANA ELENA  
Address 1861 SOLDIERS PASS  
City-State-Zip: SAINT CLOUD FL 34769

Title MGR  
Name VESCO, BARBARA A  
Address 115 JEWEL DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714-2755

Title MGRM  
Name THOMPSON, CAROLE L  
Address 1328 HOWARD ROAD  
City-State-Zip: LEESBURG FL 34748

*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:** PAUL VESCO

MGRM

06/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date