

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000221576

**Entity Name:** APO LIFE SOLUTIONS LLC

**Current Principal Place of Business:**

6155 SW 120 AVE  
MIAMI, FL 33183

**Current Mailing Address:**

6155 SW 120 AVE  
MIAMI, FL 33183

**FEI Number:** 83-1965513

**Certificate of Status Desired:** No

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

VAULT TAX SERVICE CORP  
1414 NW 107TH AVE  
SUITE 100  
MIAMI, FL 33172 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 P  
Name SANDOVAL, ALFREDO J  
Address 6155 SW 120 AVE  
City-State-Zip: MIAMI FL 33183

*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:** ALFREDO J SANDOVAL

P

04/05/2019

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

\_\_\_\_\_ Date