

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000214931

**Entity Name:** AP PROFESSIONAL SOLUTIONS, LLC

**Current Principal Place of Business:**

5459 VINELAND RD.  
APT 4104  
ORLANDO, FL 32811

**Current Mailing Address:**

5459 VINELAND RD.  
APT 4104  
ORLANDO, FL 32811 US

**FEI Number:** 85-0893343

**Certificate of Status Desired:** No

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

PEBSWORTH, AIMEE  
5459 VINELAND RD.  
APT 4104  
ORLANDO, FL 32811 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 MGR  
Name PEBSWORTH, AIMEE  
Address 5459 VINELAND RD APT 4104.  
City-State-Zip: ORLANDO FL 32811

Title AR  
Name WARREN, AMPERE  
Address 5459 VINELAND RD. APT 4104  
City-State-Zip: ORLANDO FL 32811

*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:** AIMEE PEBSWORTH

**OWNER**

**06/30/2020**

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

\_\_\_\_\_  
Date