

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000275542

**Entity Name:** APT4LESS MANAGEMENT LLC

**Current Principal Place of Business:**

15 N OAK ST #844  
FELLSMERE, FL 32948

**Current Mailing Address:**

15 N OAK ST #844  
FELLSMERE, FL 32948 US

**FEI Number:** 85-2849469

**Certificate of Status Desired:** No

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

HO, NICK  
15155 107TH ST  
FELLSMERE, FL 32948 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	Title	MANAGER
Name	HO, NICK	Name	MGR, NICK HO
Address	15 N OAK ST	Address	15 N OAK ST #844
City-State-Zip:	FELLSMERE FL 32948	City-State-Zip:	FELLSMERE FL 32948

*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:** NICK HO

MANAGER

02/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date