

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000265776

**Entity Name:** APT PATHWAY LLC

**Current Principal Place of Business:**

425 N ANDREWS AVE,  
304  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

425 N ANDREWS AVE,  
304  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 87-1161932

**Certificate of Status Desired:** No

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

VILLEGAS, DANIEL  
425 N ANDREWS AVE,  
304  
FORT LAUDERDALE, FL 33301 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 AMBR  
Name VILLEGAS, DANIEL  
Address 425 N ANDREWS AVE., 304  
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR  
Name MUNOZ, CHRISTOPHER  
Address 6085 SE 132ND ST ROAD  
City-State-Zip: BELLEVIEW FL 34420

Title AMBR  
Name PASTORA, VICTOR  
Address 8960 SW 118TH ST  
City-State-Zip: MIAMI FL 33176

Title AMBR  
Name LIMA, SANTIA  
Address 4801 JOHNSON RD STE 1  
City-State-Zip: COCONUT CREEK FL 33073

*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:** DANIEL VILLEGAS

AMBR

05/01/2023

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

\_\_\_\_\_  
Date