

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000469578

**Entity Name:** APSAT 2, LLC

**Current Principal Place of Business:**

5518 W LINEBAUGH AVE  
TAMPA CONTRACT FLOORS  
TAMPA, FL 33624

**Current Mailing Address:**

5518 W LINEBAUGH AVE  
TAMPA CONTRACT FLOORS  
TAMPA, FL 33624 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TRUMAN, SHERRI A  
13102 LYNN RD  
TAMPA, FL 33625 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           | MANAGER                                       | Title           | MANAGER                                       |
| Name            | TRUMAN, AARON P                               | Name            | TRUMAN, SHERRI A                              |
| Address         | 5518 W LINEBAUGH AVE<br>TAMPA CONTRACT FLOORS | Address         | 5518 W LINEBAUGH AVE<br>TAMPA CONTRACT FLOORS |
| City-State-Zip: | TAMPA FL 33624                                | City-State-Zip: | TAMPA FL 33624                                |

*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:** SHERRI TRUMAN

VP

04/11/2023

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

\_\_\_\_\_  
Date