

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004482

**Entity Name:** APP OF FLORIDA, LLC

**Current Principal Place of Business:**

11201 USA PARKWAY  
SUITE 300  
FISHERS, IN 46037

**FILED**  
**Apr 04, 2022**  
**Secretary of State**  
**3616637232CC**

**Current Mailing Address:**

11201 USA PARKWAY  
SUITE 300  
FISHERS, IN 46037 US

**FEI Number:** 20-3217469

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MGRM	Title	MGRM
Name	EDWARDS, GARY A	Name	EDWARDS, CAROL A
Address	11201 USA PARKWAY SUITE 300	Address	11201 USA PARKWAY SUITE 300
City-State-Zip:	FISHERS IN 46037	City-State-Zip:	FISHERS IN 46037

*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:** GARY EDWARDS

**MANAGER**

**04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date