

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000002420

Entity Name: APG ASLI X, LLC

Current Principal Place of Business:

923 N PENNSYLVANIA AVE
WINTER PARK, FL 32789

Current Mailing Address:

923 N PENNSYLVANIA AVE
WINTER PARK, FL 32789 US

FEI Number: 86-3886180

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 MEMBER MANAGED
Name SHAPIRO, MARVIN M
Address 923 N PENNSYLVANIA AVE
City-State-Zip: WINTER PARK FL 32789

Title MEMBER MANAGED
Name DUBILL, ANDREW
Address 923 N PENNSYLVANIA AVE
City-State-Zip: WINTER PARK FL 32789

Title MEMBER MANAGED
Name LEFKOWITZ, RYAN
Address 923 N PENNSYLVANIA AVE
City-State-Zip: WINTER PARK FL 32789

Title MEMBER MANAGED
Name APG HOLDINGS (ES), LLC
Address 923 N. PENNSYLVANIA AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MEMBER MANAGED
Name APG LOEB MANAGEMENT CORPORATION
Address 923 N. PENNSYLVANIA AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MANAGER
Name AVANTI PROERTIES GROUP III LLLP
Address 923 N. PENNSYLVANIA AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MEMBER MANAGED
Name AVANTI PROPERTIES GROUP III, L.L.L.P.
Address 923 N. PENNSYLVANIA AVENUE
City-State-Zip: WINTER PARK FL 32789

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: ANDREW DUBILL

MEMBER MANAGED

02/26/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date