

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90041 020 ****50.00

DOCUMENT # L00000007621

1. Entity Name

APCC HOLDINGS, L.L.C.



Principal Place of Business

7171 N UNIVERSITY DR
SUITE 300
TAMARAC FL 33321

Mailing Address

7154 N UNIVERSITY DR
#316
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1035792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON FL 33431-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
IRA FOX
7171 N UNIVERSITY DR STE 300
TAMARAC FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
7154 N. UNIVERSITY DR. #316
TAMARAC, FL 33321 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LASNER, JAY
7171 N UNIVERSITY DR STE 300
TAMARAC FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
7154 N. UNIVERSITY DR. #316
TAMARAC, FL 33321 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/23/06

Date

954-720-3188

Daytime Phone #