LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP -3 AM 10:01

DOCUMENT # L00000008547

1. Entity Name

ApoTech, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Terry Fuller	4419 W. Sevilla St.
Suite, Apt. #, etc. 944 Morgan Road	Suite, Apt. #, etc.
City & State Jenkintown, PA.	City & State Tampa, FL.
Zip 19046 Country USA	Zip 33629 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1902298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

300007602383--4
-09/09/02--01065--032
*****55.00 *****55.00

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	managing member Terry Fuller 944 Morgan Road Jenkintown, PA. 19046
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Daytime Phone #