

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013753

FILED
May 01, 2008
Secretary of State

Entity Name: APOLLONIOS ENTERPRISES LLC

Current Principal Place of Business:

3400 SW 26TH TERRACE
A6
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

2345 SW 34TH STREET
BAY #4
FT. LAUDERDALE, FL 33312

Current Mailing Address:

3400 SW 26TH TERRACE
A6
FT. LAUDERDALE, FL 33312

New Mailing Address:

2345 SW 34TH STREET
BAY #4
FT. LAUDERDALE, FL 33312

FEI Number: 65-1047159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SERDENES, STYLIANOS A
8966 SW 53RD STREET
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SERDENES, STYLIANOS A
Address: 8966 S.W. 53RD STREET
City-St-Zip: COOPER CITY, FL 33328

Title: MGR (X) Delete
Name: SAVARINO, CARL T
Address: P.O. BOX 738
City-St-Zip: BUFFALO, NY 14217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STYLIANOS A. SERDENES

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date