

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000004823

1. Entity Name

Apex Promotions, LLC

DO NOT WRITE IN THIS SPACE

FILED

02 MAY 23 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2503 Madison Street

Suite, Apt. #, etc.

3. Mailing Address

2503 Madison St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

Zip

33020

Country

US

City & State

Hollywood, FL

Zip

33020

Country

US

4. FEI Number

65-1119995

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maurizio Galle

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

2503 Madison St.

City

Hollywood

FL

Zip Code

33020

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

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

Maurizio Galle

Maurizio Galle MGRM

5-21-07

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

200005666332-9

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Maurizio Galle
STREET ADDRESS	2503 Madison St.
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	MGRM
NAME	Predrag Ostojic
STREET ADDRESS	2503 Madison St.
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Maurizio Galle

Maurizio Galle

5-21-07

954-647-8017

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

Date

Daytime Phone #

CR2E083B (12/01)