


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022558

1. Entity Name
APERIO SERVICES, LLC



Principal Place of Business 950 S TAMIAMI TRAIL SUITE 102 SARASOTA, FL 34236 US	Mailing Address 950 S TAMIAMI TRAIL SUITE 102 SARASOTA, FL 34236 US
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0571055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WISNER, ROBERT K ESQ
950 S. TAMIAMI TRL, SUITE 102
SARASOTA, FL 34236

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

UNR000048662
02/12/04-80089-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUGINO, CARL 950 S TAMIAMI TRAIL SUITE 102 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUS, IVAN 950 S TAMIAMI TRAIL SARASOTA, FL 34236
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Carl Gugin* **2/10/04** **(941) 955-2885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #