

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90219 018 ****55.00

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1. Entity Name
APEXALON, LLC



Principal Place of Business
8413 LAUREL FAIR CIRCLE, SUITE 100
TAMPA, FL 33610

Mailing Address
8413 LAUREL FAIR CIRCLE, SUITE 100
TAMPA, FL 33610

60015483



02062007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
11-3659711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUGHEY, R. J. II
100 S. ASHLEY DR.
STE 2150
TAMPA, FL 33602

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRS
PEARSON, GLENN
8413 LAUREL FAIR CIRCLE STE 100
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FILA, IAN
8413 LAUREL FAIR CIRCLE STE 100
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #