

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017943

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** APPROVED PROPERTIES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

5705 N DAVIS HWY  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

5705 N DAVIS HWY  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 30-0181256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VINYARD, BRANDON T  
5705 N DAVIS HWY  
PENSACOLA, FL 32503 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:** MGRM  
**Name:** HARRINGTON, JAMES P  
**Address:** 3470 HILLSIDE AVENUE  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** MGRM  
**Name:** VINYARD, BRANDON  
**Address:** 3867 SAIL WIND DRIVE  
**City-St-Zip:** GULF BREEZE, FL 32563

I hereby 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:** BRANDON T VINYARD

MGRM

02/03/2011

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