

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029459

FILED
Jul 16, 2009
Secretary of State

Entity Name: APHOLD LLC

Current Principal Place of Business:

320 SOUTH FLAMINGO RD STE 324
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

320 SOUTH FLAMINGO RD STE 324
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 20-0566539 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:

Name and Address of New Registered Agent:

ROZIER, JUREL
320 SOUTH FLAMINGO RD STE 324
PEMBROKE PINES, FL 33027 US

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 () Delete
Name: ROZIER, JUREL
Address: 320 SOUTH FLAMINGO RD STE 324
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: ROZIER, RANDALL
Address: 320 SOUTH FLAMINGO RD STE 324
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ROZIER, RANDY
Address: 320 SOUTH FLAMINGO RD STE 324
City-St-Zip: PEMBROKE PINES, FL 33027 US

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: JUREL ROZIER

MGRM

07/16/2009

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