


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

|                                     |   |
|-------------------------------------|---|
| <b>DOCUMENT # L03000050580</b>      |  |
| <b>1. Entity Name</b><br>APOLA, LLC |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>1710 N.E. 191 ST #315<br>NORTH MIAMI BEACH FL 33179 | <b>Mailing Address</b><br>1710 N.E. 191 ST #315<br>NORTH MIAMI BEACH FL 33179 |
|---|---|

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt #, etc.                    |         | Suite, Apt #, etc.        |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |



1st MOORE CR2E083 (10/04)

|   |  |   |  |
|---|--|---|--|
| <b>4. FEI Number</b><br>36-4552953  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RODIN, BARBARA<br>1710 N.E. 191 ST #315<br>NORTH MIAMI BEACH FL 33179 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

**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 reappointing) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>RODIN, BARBARA<br>1710 N.E. 191 ST #315<br>NORTH MIAMI BEACH FL 33179 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000000259863<br>03/11/05-80040-025 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**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:** *Barbara Rodin*

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

Date

Daytime Phone #