



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90119 037 ***143.75

DOCUMENT # L03000050580 1. Entity Name APOLA, LLC					
Principal Place of Business 1710 N.E. 191 ST #315 NORTH MIAMI BEACH, FL 33179			Mailing Address 1710 N.E. 191 ST #315 NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		60040614 	
City & State Zip Country		City & State Zip Country		04212008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 36-4552953				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODIN, BARBARA 1710 N.E. 191 ST #315 NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name GARY RODIN Street Address (P.O. Box Number is Not Acceptable) 1710 N.E. 191 ST. # 315 City NORTH MIAMI BEACH FL Zip Code 33161		
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 <u><i>Gary Rodin</i></u> GARY RODIN 04/29/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODIN, BARBARA 1710 N.E. 191 ST #315 NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODIN, GARY 1710 N.E. 191 ST. # 315 NORTH MIAMI BEACH, FL. 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Gary Rodin</i></u> GARY RODIN			04/29/08 305-944-4003		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

100040614
~~#~~ C03000050580 MAY 9, 2008

ANDY DUNLAP
DIVISION OF CORPORATIONS
P.O. BOX 6478
TALLAHASSEE, FLORIDA
32314

~~DEAR MR. DUNLAP~~

REGUARDING OUR TELEPHONE CONVERSATION ON APRIL 21,
AND YOUR LETTER TO ME ON THE SAME DATE, WHICH I
HAVE ENCLOSED A COPY OF, I AM RETURNING TO YOU
THE CORRECTED 2008 LIMITED LIABILITY COMPANY ANNUAL
REPORT FORM, IN WHICH THE ENTITY NAME STAYS THE
SAME, BUT THE NAME OF THE REGISTERED AGENT, AND
MANAGING MEMBER IS TO BE CHANGED FROM MY MOTHER
TO MYSELF.

ENCLOSED IS A CHECK FOR \$143.75, WHICH INCLUDES
A CERTIFICATE OF STATUS.

THANK YOU VERY MUCH.

Gary Rodin

GARY RODIN

APOLA LLC

1710 N.E. 191 STREET #315
NORTH MIAMI BEACH, FL. 33179

TELEPHONE - 305-944-4003