

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90275 025 ****55.00

DOCUMENT # L03000056998

1. Entity Name
APOLLO ENTERPRISES LLC



Principal Place of Business
**655 SOUTH APOLLO BLVD, STE 1
MELBOURNE, FL 32901**

Mailing Address
**655 SOUTH APOLLO BLVD, STE 1
MELBOURNE, FL 32901**

24038176



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0559163

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AM&E SERVICES LLC
801 N MAGNOLIA AVE, STE 201
ORLANDO, FL 32802**

Name **LAWRENCE F. KRANERT, JR**

Street Address (P.O. Box Number is Not Acceptable)

655 South Apollo Blvd. Suite 1

City **Melbourne** FL Zip Code **32901**

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 **Lawrence F. Kranert, Jr**

3/31/04

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM, P
Subhash Thareja MD
655 S. Apollo Blvd. Suite 1
Melbourne, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM, VP
V. Denny Ragsdale, MD
SAME ADDRESS AS ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM, VP
Martin Johnson, MD
SAME ADDRESS AS ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM, VP
Maile Kane, MD
SAME ADDRESS AS ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGR
Lawrence F. Kranert, Jr
SAME ADDRESS AS ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Lawrence F. Kranert, Jr

3/31/04

321-951-8695

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

Date

Daytime Phone #