| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT |
| NOV -9 2009 |
| EXAMIN |

Office Use Only



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18/15/09--01017--017 **55.00



October 16, 2009

JESUS L. GONZALEZ QUEREDO 2615 N. FEDERAL HWY LAKE WORTH, FL 33460

SUBJECT: APOLLO DEVELOPMENT, LLC

Ref. Number: L05000005480

We have received your document for APOLLO DEVELOPMENT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted a form to change the registered agent or registered address, please complete section 5b.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 409A00033211

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|-------------|--|
| SUBJ | ECT: April (| Development, LLC mited Liability Company | - | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| | Josus L. Ganzaler | Queveclo | | |
| | Aprilo Developmen | nt, UC | 2009 NOV -5 | |
| | 2615 N. Fecleral | Hwy. | 5 PM 3: 51 | |
| | Lake Worth, FL 331 City/State and Zip Code | <u>440</u> | 5 | |
| E-mail ddress: (to be used for future annual report notification) | | | | |
| For fu | rther information concerning this matter | r, please call: | | |
| | Jesus Genrula Grevedo | at (<u>SU1</u>) 309-3139 | | |
| | Name of Coson | Area Code & Daytine Telephone Muni | per | |
| | STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section | | |
| | Division of Corporations | Division of Corporations | | |
| | Clifton Building 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | | |
| | Tallahassee, Florida 32301 | rananassoc, Frontai 32374 | | |
| Enclosed is a check for the following amount: | | | | |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | , | |

-STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) *0*00000059 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, shereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

are of Registered Agent