

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L05000010232

1. Entity Name
AP EQUIP, LLC



06 DEC 29 AM 8:29

Principal Place of Business
11353 KNIGHTS GRIFFIN ROAD
THONOTOSASSA, FL 33592

Mailing Address
11353 KNIGHTS GRIFFIN ROAD
THONOTOSASSA, FL 33592

2. Principal Place of Business
2517 Martucci Road

3. Mailing Address
2517 Martucci Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12132006 REIN-LLC CR2E101 (11/05)

City & State
Seffner FL

City & State
Seffner FL

4. FEI Number
20-3401426

Applied For
Not Applicable

Zip
33584

Country
USA

Zip
33584

Country
USA

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

PERKINS, ALDEN E
11353 KNIGHTS GRIFFIN ROAD
THONOTOSASSA, FL 33592

Name
Perkins, Alden E
Street Address (P.O. Box Number Is Not Acceptable)
2517 Martucci Road

City Seffner FL Zip Code 33584

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PERKINS, ALDEN E
11353 KNIGHTS GRIFFIN ROAD
THONOTOSASSA, FL 33592 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Perkins, Alden E
2517 Martucci Road
Seffner, FL 33584 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900082816119
12/28/06--01018--023 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2006 ☐ Change ☐ Addition

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 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:

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

Date

Daytime Phone #

12-20-06 813 340 2016