2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) 🛶

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # L05000021105 1. Entity Name 02-16-2006 90144 030 ****55 00 APC & RLC, LLC Principal Place of Business Mailing Address 4835 ATAMAN STREET BOCA RATON FL 33428 4835 ATAMAN STREET BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHONG, AMOS P Street Address (P.O. Box Number is Not Acceptable) 4835 ATAMAN STREET **BOCA RATON FL 33428** City Zip Code FL 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 Sprukers, sypoid or priviled name of requirement light and talls it authorities (NOTE: Registered Agent signature regulated when reinstating) FILE NOW!!! FEE IS \$50:00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Detete TITLE ☐ Change Addition NAME CHONG, AMOS P NAME STREET ADDRESS STREET ADDRESS 4835 ATAMAN STREET CITY-ST-ZIP BOCA RATON FL 33428 CITY-ST-ZIP MUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Dir ☐ Delete TULE Change : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete DILE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CDY-ST-702 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information Thereby certify that the information supplied with this tring does not quality for the exemptions contained in Section 115, months statutes. From a managing member or manager of the imited liability company or the project and purple empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: ___ hong

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2,



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

APC & RLC, LLC 4835 ATAMAN STREET BOCA RATON, FL 33428

Subject: APC & RLC, LLC

Reference Number:

L05000021105

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION