

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030178

FILED
Apr 07, 2009
Secretary of State

Entity Name: ADVANCED PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

2096 BEACON MANOR DR
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PO BOX 2063
FT MYERS, FL 339022063

New Mailing Address:

FEI Number: 04-3818976 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OLSON, THOMAS M
1238 SUNBURY PLACE
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLSON, THOMAS M
Address: 1238 SUNBURY DRIVE
City-St-Zip: FT MYERS, FL 33901

Title: MGRM () Delete
Name: OLSON, HOLLY J
Address: 1238 SUNBURY DRIVE
City-St-Zip: FT MYERS, FL 33901

Title: NONE () Delete
Name: SHEPARD, THOMAS
Address: 2044 W FIRST ST
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS M OLSON

MGRM

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date