# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**May 05, 2008**
**Secretary of State**

DOCUMENT# L05000086535

**Entity Name:** APB, LLC

**Current Principal Place of Business:**

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number: 20-3406726** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAVES & ARMSTRONG, PA
1948 HARRISON STREET
HOLLYWOOD, FL 33020 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: | ACOSTA, ANGEL | |
| Address: | 450 ALTON ROAD, APT 1504 | |
| City-St-Zip: | MIAMI BEACH, FL 33139 US | |
| Title: | MGRM | ( ) Delete |
| Name: | ACOSTA, ROSANGEL | |
| Address: | 450 ALTON ROAD, APT 1504 | |
| City-St-Zip: | MIAMI BEACH, FL 33139 US | |
| Title: | MGRM | ( ) Delete |
| Name: | ACOSTA, ROSALBA | |
| Address: | 450 ALTON ROAD, UNIT 1504 | |
| City-St-Zip: | MIAMI BEACH, FL 33139 US | |
| Title: | MGRM | (X) Delete |
| Name: | BARRIOS, ELIAS | |
| Address: | 450 ALTON ROAD, APT 1504 | |
| City-St-Zip: | MIAMI BEACH, FL 33139 US | |
| Title: | MGRM | (X) Delete |
| Name: | PERRETTI, CARMEN | |
| Address: | 450 ALTON ROAD, APT1504 | |
| City-St-Zip: | MIAMI BEACH, FL 33139 US | |
| Title: | MGRM | (X) Delete |
| Name: | EMILIO, PERRETTI | |
| Address: | 450 ALTON ROAD APT 1504 | |
| City-St-Zip: | MIAMI BEACH, FL 33139 | |

**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: | |
| 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: MARK CHAVES MGRM 05/05/2008

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