

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086535

Entity Name: APB, LLC

FILED  
May 11, 2009  
Secretary of State

## Current Principal Place of Business:

450 ALTON ROAD  
1504  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

450 ALTON ROAD  
1504  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

450 ALTON ROAD  
1906  
MIAMI BEACH, FL 33139 US

## New Mailing Address:

450 ALTON ROAD  
1906  
MIAMI BEACH, FL 33139 US

FEI Number: 20-3406726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CHAVES & ARMSTRONG, PA  
1948 HARRISON STREET  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

ROSANGEL ACOSTA  
450 ALTON ROAD APT 1906  
MIAMI, FL 33139 US

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: MGRM

05/11/2009

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 (X) Delete  
Name: ACOSTA, ROSANGEL  
Address: 450 ALTON ROAD, APT 1504  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM (X) Delete  
Name: ACOSTA, ROSALBA  
Address: 450 ALTON ROAD, UNIT 1504  
City-St-Zip: MIAMI BEACH, FL 33139 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ACOSTA, ROSA ANGELICA  
Address: 450 ALTON ROAD, APT 1906  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: ROSANGEL ACOSTA

MGRM

05/11/2009

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