

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101156

Entity Name: API VOYAGER, LLC

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15757 PINES BLVD  
242  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

15757 PINES BLVD  
242  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 20-4794130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABANAS, STEPHANIE  
15757 PINES BLVD  
242  
PEMBROKE PINES, FL 33027 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: MGR  
Name: AMERICAN PINNACLE, INC.  
Address: 15757 PINES BLVD., #242  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby 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: AMERICAN PINNACLE, INC

MGR

04/20/2012

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