

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117427

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** APT, LLC

**Current Principal Place of Business:**

1838 HEALTH CARE DR  
BUILDING #2 UNIT #2  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

18928 N DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 20-7565006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOKSI, TARAK  
18928 N DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548 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  
**Name:** CHOKSI, TARAK  
**Address:** 18928 N DALE MABRY HWY, SUITE 101  
**City-St-Zip:** LUTZ, FL 33548 US

**Title:** MGRM  
**Name:** PATEL, PRITESH  
**Address:** 18928 N DALE MABRY HWY, SUITE 101  
**City-St-Zip:** LUTZ, FL 33548

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:** TARAK CHOKSI

M.D.

02/16/2011

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