

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092961

FILED
Apr 20, 2009
Secretary of State

Entity Name: AMERICAN PORTABLES, LLC

Current Principal Place of Business:

3002 NW 10TH STREET
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4201
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 20-5588335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, LESLI M
10335 NE HWY 314
SILVER SPRINGS, FL 34488 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: PD () Delete
Name: POOLE, LESLI M
Address: 10335 NE HWY 314
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: VPD () Delete
Name: RUSSELL, CHRISTINA L
Address: 8102 S.W. 95TH LANE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: STD () Delete
Name: POOLE, LESLI M
Address: 10335 NE HWY 314
City-St-Zip: SILVER SPRINGS, FL 34488 US

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: LESLI POOLE

P

04/20/2009

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