

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092961

**FILED**  
**Mar 26, 2010**  
**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  
**Name:** POOLE, LESLI M  
**Address:** 10335 NE HWY 314  
**City-St-Zip:** SILVER SPRINGS, FL 34488 US

**Title:** VPD  
**Name:** RUSSELL, CHRISTINA L  
**Address:** 700 SE 49 AVE  
**City-St-Zip:** OCALA, FL 34471 US

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

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:** LESLI POOLE

P

03/26/2010

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