2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000107099

1. Entity Name

ADVERTISING POWER CONCEPTS, LLC

FILED
Apr 16, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
8587 LONGFORD DRIVE JACKSONVILLE, FL 32244	8587 LONGFORD DRIVE JACKSONVILLE, FL 32244

02042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5845835	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAUND, ROBERT
8587 LONGFORD DRIVE
JACKSONVILLE, FL 32244

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MAUND, ROBERT
STREET ADDRESS	8587 LONGFORD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	C
NAME	KRUSZYNSKI, MICHAEL
STREET ADDRESS	6731 NEWGATE CIR
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/08-80025-002 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ RoBERT MAUND 4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #