

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078411

FILED
Apr 08, 2009
Secretary of State

Entity Name: APEX DEVELOPING, LLC

Current Principal Place of Business:

708 W. BURLEIGH BLVD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

205 LAKECREST DR.
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-5632041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, TROY W
205 LAKECREST DR.
TAVARES, FL 32778 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 () Delete
Name: SINGER, TROY W
Address: 205 LAKECREST DR.
City-St-Zip: TAVARES, FL 32778

Title: MGR () Delete
Name: SINGER, BRETT
Address: 10240 PRIMROSE LN.
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: SINGER, JACQUELYN P
Address: 205 LAKECREST DR.
City-St-Zip: TAVARES, FL 32778

Title: MGR () Delete
Name: SINGER, KELLIE M
Address: 205 LAKECREST DR.
City-St-Zip: TAVARES, FL 32778

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:

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: TROY W SINGER

MGR

04/08/2009

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