

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 24, 2008 8:00 am
Secretary of State

05-16-2008 90189 041 ***138.75

DOCUMENT # L07000091529

1. Entity Name
AP WESTSHORE HOLDINGS, LLC



Principal Place of Business
**14001 63RD WAY NORTH
CLEARWATER, FL 33760**

Mailing Address
**14001 63RD WAY NORTH
CLEARWATER, FL 33760**

30009885



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/08)

City & State

City & State

4. FEI Number
26 0866128

☐ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, LITTLE C
2123 NE COACHMAN RD
SUITE A
CLEARWATER, FL 33765**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEB IS \$138.75
After May 1, 2008 Fee will be \$638.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
AMICO, ANTHONY N JR
14001 63RD WAY NORTH
CLEARWATER, FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4/22/08

727 530 2069