

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# L08000000175

Entity Name: APP HOLDINGS, LLC

Current Principal Place of Business:

111 W VIRGINIA AVENUE
PUNTA GORDA,, FL 33980

New Principal Place of Business:

111 W OLYMPIA AVENUE
PUNTA GORDA,, FL 33980

Current Mailing Address:

17080 BEST AVENUE
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 26-1735384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, ANNA
17080 BEST AVENUE
PORT CHARLOTTE, FL 33954 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: MGRM () Delete
Name: RUSSO, ANNA
Address: 17080 BEST AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGMR () Delete
Name: RUSSO, PAUL Z
Address: 338 WYATT STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGMR () Delete
Name: RUSSO, PETER J
Address: 17080 BEST AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR (X) Change () Addition
Name: RUSSO, PAUL V
Address: 338 WYATT STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

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: ANNA RUSSO

MGRM

03/27/2009

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