

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093951

Entity Name: APS DISTRIBUTORS, LLC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

590 SW 9TH TERRACE  
BAY NO. 4  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

5105 MALLARDS PLACE  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

590 SW 9TH TERRACE  
BAY NO. 4  
POMPANO BEACH, FL 33073

**New Mailing Address:**

5105 MALLARDS PLACE  
COCONUT CREEK, FL 33073

FEI Number: 26-3467184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SERINO, ANTHONY P  
590 SW 9TH TERRACE  
BAY NO. 4  
POMPANO BEACH, FL 33073 US

**Name and Address of New Registered Agent:**

SERINO, ANTHONY P MGR  
5105 MALLARDS PLACE  
COCONUT CREEK, FL 33073 US

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: ANTHONY P SERINO

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      MGR      ( ) Change (X) Addition  
Name:      SERINO, ANTHONY P  
Address:      5105 MALLARDS PLACE  
City-St-Zip:      COCONUT CREEK, FL 33073

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: ANTHONY P SERINO

MGR

05/01/2009

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