

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115821

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: AMERICAN PRODUCT GROUP, LLC

## Current Principal Place of Business:

1064 CRUMPET CT  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

4000 SW 23RD ST  
5-305  
GAINESVILLE, FL 32608 US

## New Mailing Address:

1064 CRUMPET CT  
LONGWOOD, FL 32750 US

FEI Number: 26-3914285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, KARINA  
4000 SW 23RD ST  
5-305  
GAINESVILLE, FL 32608 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: BRANNON, MATTHEW  
Address: 1064 CRUMPET CT  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM ( ) Delete  
Name: MILLS, KARINA  
Address: 4000 SW 23RD ST, 5-305  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM ( ) Delete  
Name: MILLHOUSE, JASON  
Address: 439 HARBOR WINDS CT  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete  
Name: JOUANNIC, KEVIN  
Address: 22029 NW CR 1493  
City-St-Zip: LA CROSSE, FL 32658 US

Title: MGRM ( ) Delete  
Name: BEEMAN, ALEXANDRA  
Address: 245 E HORNBEAM DR  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM ( ) Delete  
Name: FEDELE, DALE  
Address: PO BOX 117  
City-St-Zip: HAWTHORNE, FL 32640 US

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: MILLS, KARINA  
Address: 375 CENTER POINTE CIR, UNIT 411  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: MATTHEW BRANNON

MGRM

04/30/2009

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