

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113185

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** APASCORP LLC

**Current Principal Place of Business:**

7347 WEST SAND LAKE RD  
100  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7347 WEST SAND LAKE RD  
100  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 27-1378315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAFETY BUSINESS LLC  
6220 S ORANGE BLOSSOM TRAIL  
604  
ORLANDO, FL 32809 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  
**Name:** PIRES, JOAO MARCOS A  
**Address:** 7347 WEST SAND LAKE RD 100  
**City-St-Zip:** ORLANDO, FL 32819 US

**Title:** MGRM  
**Name:** PIRES, HELOISA  
**Address:** 8605 SAINT MARINO BLVD  
**City-St-Zip:** ORLANDO, FL 32836 US

**Title:** MGR  
**Name:** ARRUDA PIRES ASSOCIATES USA, INC  
**Address:** 7347 WEST SAND LAKE RD 100  
**City-St-Zip:** ORLANDO, FL 32819 US

I hereby 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:** JOAO MARCOS PIRES

MGR

04/25/2012

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