# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 17, 2011**
**Secretary of State**

DOCUMENT# L09000121507

**Entity Name:** APE VET, LLC

**Current Principal Place of Business:**

8393 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

8393 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number: 27-1593596** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SCHWARTZ, ALAN M
8393 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351 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: SCHWARTZ, ALAN M
Address: 8393 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

Title: MGR
Name: SCHWARTZ, GERALD
Address: 8393 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

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 Statues.

SIGNATURE: ALAN SCHWARTZ MGR 01/17/2011

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