

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000079230

Entity Name: APT SOLUTIONS LLC

**FILED**  
**Jun 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9745 TOUCHTON ROAD  
430  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9745 TOUCHTON ROAD  
430  
JACKSONVILLE, FL 32246

**New Mailing Address:**

4320 DEERWOOD LAKE PARKWAY  
SUITE 101-259  
JACKSONVILLE, FL 32216

FEI Number: 45-5583684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARIVARASAN, PANNEERSELVAM  
9745 TOUCHTON ROAD  
430  
JACKSONVILLE, FL 32246 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  
Name: ARIVARASAN, PANNEERSELVAM  
Address: 9745 TOUCHTON ROAD UNIT 430  
City-St-Zip: JACKSONVILLE, FL 32246

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: P.ARIVARASAN

MGRM

06/27/2012

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