2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000005117

1. Entity Name
APW ASSOCIATES, LLC

FILED

01 FEB 12 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8552 HERON LAGOON CIR.	8552 HERON LAGOON CIR.
SARASOTA FL 34242 *Chg Address Below ↓*	SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business   7857 Midnight Pass Rd
Suite, Apt. #, etc.   SARASOTA, FL
City & State

3. Mailing Address   7857 Midnight Pass Rd
Suite, Apt. #, etc.
City & State   SARASOTA, FL

Zip 34242	Country SARASOTA	Zip 34242	Country SARASOTA

4. FEI Number   65-0945172

Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
WEXLER, ALIX 8552 HERON LAGOON CIR. SARASOTA FL 34242	Name Peppi Elona Street Address (P.O. Box Number is Not Acceptable) 7857 Midnight Pass Road City SARASOTA FL Zip Code 34242

8. 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   *Peppi Elon*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		**10.** ADDITIONS / CHANGES		
TITLE MGRM NAME WEXLER, ALIX STREET ADDRESS 8550 HERON LAGOON CIR. CITY-ST-ZIP SARASOTA FL	☐ Delete	TITLE MGRM NAME Peppi ELONA STREET ADDRESS 7857 Midnight Pass Rd CITY-ST-ZIP SARASOTA, FL 34242	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 100003708491--9 STREET ADDRESS -02/16/01--01148--007 CITY-ST-ZIP *****50.00 *****50.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Peppi Elon* REQUIRED   2/8/01   941-312-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #