2002 UNIFORM BUSINESS REPORT (UBR)

L99000008739

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000008739							FILED Apr 17, 2002 8:00 am Secretary of State					
	 D DEVELOPMENT ENTERPI	DICEC LI C						04-17-2002 !				
APOLLO	DEVELOPMENT ENTERP	110E0, L.L.C	"	ı								
Principal Plac	e of Business	Mailing A	ddress			\dashv						
•	HORE DRIVE #34	Ū	126 SOUTH SHORE DRIVE #34									
DESTIN FL 32	541	DESTIN F	L 32541									
2 Principal P	lace of Business	3. Mailing	Addrass			_						
a. Thopas	acc of Egginess	o. Waning	or walling nacions							e al a c inal (4406)		
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.					DO NOT WRIT	E IN THIS	SPACE		
City & State	9	City & S	City & State			4. FEI NI	umber	59-360766	6	⊢ +	oplied For ot Applicable	}
Zip Country		Zip	Zip Cour			5. Certifi	cate of S	tatus Desired		\$5.00 Add	ditional	1
	6. Name and Address of Curre	nt Registered A	gent		<u> </u>	7. Name	and Add	iress of New R	egistered .			
					Name							
SASSANO, RONALD L 126 SOUTH SHORE DRIVE #34					Street Address (P.O. Box Number is Not Acceptable)							1
	STIN FL 32541			-								1
ر چاری				-	City				F-1	Zip Cod	e	4
			<u> </u>						FL	- 2.5 000		-
8. The above	named entity submits this statement	for the purpose	of changing its req	gistered	office or regis	tered agent, o	or both, in	the State of Flo	rida.			
SIGNATURE .												}
	Signature, typed or printed name of registered age	ent and little if applicab			gent signature requ		·Ø)		DATE		· · · · · · · · · · · · · · · · · · ·	1
		Ma	ke Check Paya			-						
			Due E	By May	1, 2002	i l						1
9.	MANAGING MEM				ADDITIONS/CHANGES						1_	
TITLE NAME	MGR Delete			TITLE NAME						☐ Change	☐ Addition	(9/01)
STREET ADDRESS	SASSANO, MICHAEL A 126 SOUTH SHORE DRIVE #34				ADDRESS	ss						8
CITY-ST-ZIP	DESTIN FL 32541			CITY-ST	-ZIP							CR2E08
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name Street address				NAME STREET	ADDRESS							1
CITY-ST-7IP		**		CITY-ST								1

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:

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-850-26922151