

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90128 012 ****50.00

DOCUMENT # M01000002848

1. Entity Name
APS ACQUISITION LLC



Principal Place of Business
**100 EAST RIVERCENTER BLVD
STE 1600
COVINGTON, KY 41011**

Mailing Address
**100 EAST RIVERCENTER BLVD
STE 1600
COVINGTON, KY 41011**

DO NOT WRITE IN THIS SPACE



04012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
61-1401116

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRV
MARSH, THOMAS R
100 E RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
ROBBINS, REGIS
100 E RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ABBOTT, BRADLEY
100 E RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Bradley S. Abbott **Bradley S. Abbott** 04/12/2005 859-392-3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #