

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000023874

**Entity Name:** ALTERNATIVE PROPERTY SOLUTIONS, LLC

**Current Principal Place of Business:**

150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324

**Current Mailing Address:**

150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 US

**FEI Number:** 02-0696789

**Certificate of Status Desired:** No

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

BAKALAR, MICHAEL J  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name BAKALAR, MICHAEL J  
Address 150 SOUTH PINE ISLAND ROAD,  
SUITE 540  
City-State-Zip: PLANTATION FL 33324

Title MGRM  
Name BAKALAR, SUSAN P  
Address 150 SOUTH PINE ISLAND ROAD,  
SUITE 540  
City-State-Zip: PLANTATION FL 33324

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL BAKALAR

MGR

03/19/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date