

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016324

**Entity Name:** APOS I, LLC

**Current Principal Place of Business:**

12443 SAN JOSE BLVD  
STE 604  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12443 SAN JOSE BLVD  
STE 604  
JACKSONVILLE, FL 32223 US

**FEI Number:** 27-1886742

**Certificate of Status Desired:** No

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

MOSES, MICHAEL N  
12443 SAN JOSE BLVD  
STE 604  
JACKSONVILLE, FL 32223 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:** MICHAEL N MOSES

01/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MOSES, MICHAEL N  
Address 12443 SAN JOSE BLVD 604  
City-State-Zip: JACKSONVILLE FL 32223

Title MGR  
Name LUKAJ, ALEKSANDER  
Address 12443 SAN JOSE BLVD 604  
City-State-Zip: JACKSONVILLE FL 32223

Title MGR  
Name MORROW, BRENDA  
Address 12443 SAN JOSE BLVD 604  
City-State-Zip: JACKSONVILLE FL 32223

Title MGR  
Name GUNTHER, CHRISTINA  
Address 12443 SAN JOSE BLVD 604  
City-State-Zip: JACKSONVILLE FL 32223

*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 N MOSES

MGRM

01/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date