

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000012312

**Entity Name:** AP PROPERTY MANAGEMENT &HEALTH CARE ADM  
CONSULTION LLC

**FILED**  
**Mar 31, 2023**  
**Secretary of State**  
**4667199913CC**

**Current Principal Place of Business:**

914 27TH ST EAST  
BRADENTON, FL, FL 34208

**Current Mailing Address:**

914 27TH ST EAST  
BRADENTON, FL, FL 34208 UN

**FEI Number: 86-1770997**

**Certificate of Status Desired: No**

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

PRESHA, ALEXANDER L  
914 27TH ST E  
BRADENTON, FL 34208 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 AMBE  
Name PRESHA, ALEXANDER L  
Address 914 27TH ST EAST  
City-State-Zip: BRADENTON FL 34208

Title AP  
Name PRESHA, ALEXANDRIA  
Address 914 27TH ST EAST  
City-State-Zip: BRADENTON FL 34208

Title AP  
Name PRESHA, ALEXIS  
Address 914 27TH  
City-State-Zip: BRADENTON FL 34208

Title MGR  
Name PRESHA, ALICIA  
Address 914 27TH ST EAST  
City-State-Zip: BRADENTON FL 34208

Title MGR  
Name PRESHA, ALEXANDER L JR  
Address 914 27TH ST EAST  
City-State-Zip: BRADENTON FL 34208

*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: ALEXANDER L PRESHA**

**AMBER**

**03/31/2023**

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

\_\_\_\_\_  
Date