

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000008906

1. Entity Name
OUR AIR, LLC



Principal Place of Business

**1905 NW 51 STREET
43C
FT. LAUDERDALE, FL 33309**

Mailing Address

**PO BOX 132
FREEDOM, WY 83120**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2321715

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAISER, MARC
730 S. DEERFIELD AVENUE
SUITE 8
DEERFIELD BEACH, FL 33441**

**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

1-3-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000775843
01/08/08-80046-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAKAI AVIATION
STREET ADDRESS	730 SOUTH DEERFIELD AVENUE # 8
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	MGRM
NAME	AQUATIC INNOVIATIONS, INC.
STREET ADDRESS	PO BOX 132
CITY-ST-ZIP	FREEDOM, WY 83120
TITLE	MGRM
NAME	OCEAN AIR LAND DEVELOPMENT, INC.
STREET ADDRESS	1 SOUTH OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

1-3-08 925-788-2500