

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090657

FILED
May 03, 2010
Secretary of State

Entity Name: PRIME AIR, LLC

Current Principal Place of Business:

3000 TAFT STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

7447 N, ST. LOUIS AVE
SKOKIE, IL 60076

Current Mailing Address:

3000 TAFT STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-5545289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

MENDELSON, VICTOR H
825 BRICKELL BAY DR
1644
MIAMI, FL 33131 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

05/03/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: COHEN, BARRY
Address: 7447 NORTH ST. LOUIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: VPRE
Name: WOODEY, STEVE
Address: 7447 N ST LOUIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: VPRE
Name: MOSELL, LUIS
Address: 7447 N ST LOUIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: T
Name: IRWIN, THOMAS S
Address: 3000 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: S
Name: LETENDRE, ELIZABETH
Address: 3000 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: AS
Name: VETTER, JUDITH W
Address: 825 BRICKELL BAY #1643
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS S. IRWIN

T

05/03/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date