

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000044984

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** AIR AND GROUND TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1879 FARM WAY  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

1879 FARM WAY  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

ANASTAS, PABLO  
1879 FARM WAY  
MIDDLEBURG, FL 32068    US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANASTAS, PABLO  
Address: 1879 FARM WAY  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM  
Name: ANASTAS, PABLO  
Address: 1879 FARM WAY  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR  
Name: ANASTAS, CARLOS  
Address: 1885 FARM WAY  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM  
Name: ANASTAS, CARLOS  
Address: 1885 FARM WAY  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR  
Name: ANASTAS, MARTHA  
Address: 1879 FARM WAY  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM  
Name: ANASTAS, MARTHA  
Address: 1879 FARM WAY  
City-St-Zip: MIDDLEBURG, FL 32068

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: PABLO ANASTAS

MGR

02/08/2012

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