

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-04-2005 90020 024 ****50.00

DOCUMENT # L94000000674 Entity Name AMAIR HOLDINGS, LC.					
Principal Place of Business 106 AMBIENT AIR WAY STARKE FL 32091			Mailing Address 106 AMBIENT AIR WAY STARKE FL 32091		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3286666	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOLTES, DAVID C 106 AMBIENT AIR WAY STARKE FL 32091				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>David C. Scholtes</i> DATE <i>02/25/05</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHOLTES, DAVID C 106 AMBIENT AIR WAY STARKE FL 32091	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COOKSEY, JOSEPH L JR 106 AMBIENT AIR WAY STARKE FL 32091	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: <i>David C. Scholtes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				3/25/05 904/964-8440 Date Daytime Phone #	