

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000674

1. Entity Name
AMAIR HOLDINGS, L.C.

Principal Place of Business
106 AMBIENT AIR WAY
STARKE FL 32091

Mailing Address
106 AMBIENT AIR WAY
STARKE FL 32091

FILED

01 JAN 22 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3286666

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOLTES, DAVID C
106 AMBIENT AIR WAY
STARKE FL 32091

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SHOLTES, DAVID C ☐ Delete
STREET ADDRESS 106 AMBIENT AIR WAY
CITY-ST-ZIP STARKE FL 32091

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003581486--6
CITY-ST-ZIP -01/26/01--01076--014
*****50.00 *****50.00

TITLE NAME MGRM COOKSEY, JOSEPH L JR ☐ Delete
STREET ADDRESS 106 AMBIENT AIR WAY
CITY-ST-ZIP STARKE FL 32091

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-18-01

(904) 964-8440

Date

Daytime Phone #

CR2E083 (1/1/00)