

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002714

Entity Name: ACCURATE AIR L.L.C.

FILED  
Aug 19, 2008  
Secretary of State

**Current Principal Place of Business:**

404 TOMAHAWK TRAIL  
BRANDON, FL 33511

**New Principal Place of Business:**

215 MYSTIC FALLS DR.  
APOLLO BEACH, FL 33572 US

**Current Mailing Address:**

404 TOMAHAWK TRAIL  
BRANDON, FL 33511

**New Mailing Address:**

215 MYSTIC FALLS DR.  
APOLLO BEACH, FL 33572

FEI Number: 83-0366342      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:**

FLORENCE, PETER M  
404 TOMAHAWK TRAIL  
BRANDON, FL 33511 US

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

FLORENCE, PETER M  
215 MYSTIC FALLS DR.  
APOLLO BEACH, FL 33572 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: \_\_\_\_\_

08/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FLORENCE, PETER M  
Address: 404 TOMAHAWK TRAIL  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLORENCE, PETER M  
Address: 215 MYSTIC FALLS DR.  
City-St-Zip: APOLLO BEACH, FL 33572 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER M. FLORENCE

MGR

08/19/2008

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