

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000090657

**Entity Name:** PRIME AIR, LLC**Current Principal Place of Business:**7447 SAINT LOUIS AVENUE  
SKOKIE, IL 60076**Current Mailing Address:**3000 TAFT STREET  
HOLLYWOOD, FL 33021**FEI Number:** 20-5545289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDELSON, VICTOR H  
825 BRICKELL BAY DRIVE  
SUITE 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

Date

**Authorized Person(s) Detail :**

Title DIRECTOR, PRESIDENT  
Name COHEN, BARRY  
Address 7447 SAINT LOUIS AVENUE  
City-State-Zip: SKOKIE IL 60076

Title VP  
Name WOODEY, STEVE  
Address 7447 SAINT LOUIS AVENUE  
City-State-Zip: SKOKIE IL 60076

Title CONTROLLER  
Name FRICK, MARTINA  
Address 7447 SAINT LOUIS AVENUE  
City-State-Zip: SKOKIE IL 60076

Title DIRECTOR, TREASURER  
Name MACAU, CARLOS L. JR.  
Address 3000 TAFT STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY  
Name LETENDRE, ELIZABETH R.  
Address 3000 TAFT STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title ASST. SECRETARY  
Name MACHADO, VIVIAN  
Address 825 BRICKELL BAY DRIVE  
SUITE 1644  
City-State-Zip: MIAMI FL 33131

Title GROUP CONTROLLER  
Name MUNSIE, RICHARD  
Address 3000 TAFT STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title ASST. SECRETARY  
Name MARTINEZ, JULISSA P.  
Address 3000 TAFT STREET  
City-State-Zip: HOLLYWOOD FL 33021

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*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS L. MACAU, JR.**TREASURER****04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	DIRECTOR
Name	MENDELSON, ERIC A.
Address	825 BRICKELL BAY DRIVE SUITE 1644
City-State-Zip:	MIAMI FL 33131