

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090657

Entity Name: PRIME AIR, LLC**Current Principal Place of Business:**7447 ST. LOUIS AVE
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 ST. LOUIS AVE
City-State-Zip: SKOKIE IL 60076

Title VP
Name WOODEY, STEVE
Address 7447 ST. LOUIS AVE
City-State-Zip: SKOKIE IL 60076

Title CONTROLLER
Name FRICK, MARTINA
Address 7447 ST. LOUIS AVE
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

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****06/12/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date