| Current Principal Place of Business: 40-35 22ND ST | | | | 302300 | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|----------------------------------|--|
| LONG ISLAND | CITY, NY 11101 | | | | |
| Current Mai | iling Address: | | | | |
| 40-35 22ND LONG ISLAI | ST ND CITY, NY 11101 | | | | |
| FEI Number: APPLIED FOR Certificate of State | | | Certificate of Status Des | sired: No | |
| Name and Address of Current Registered Agent: | | | | | |
| 2815 W. NEW I 304 | | | | | |
| MELBOURNE, | FL 32904 US | | | | |
| | FL 32904 US d entity submits this statement for the purpose of changing its regis | stered office or regis | tered agent, or both, in the State of Fl | orida. | |
| The above name | | stered office or regis | tered agent, or both, in the State of Fl | ^{lorida.} 04/25/2024 | |
| The above name | d entity submits this statement for the purpose of changing its regis | stered office or regis | tered agent, or both, in the State of Fl | | |
| The above name | d entity submits this statement for the purpose of changing its regis E: MAURICE ARCADIER | stered office or regis | tered agent, or both, in the State of Fl | 04/25/2024 | |
| The above name | d entity submits this statement for the purpose of changing its regis E: MAURICE ARCADIER Electronic Signature of Registered Agent | stered office or regis | tered agent, or both, in the State of Fl | 04/25/2024 | |
| The above name SIGNATURE Authorized | d entity submits this statement for the purpose of changing its regis E: MAURICE ARCADIER Electronic Signature of Registered Agent Person(s) Detail : | | | 04/25/2024 | |
| The above name SIGNATURE Authorized Title | d entity submits this statement for the purpose of changing its regis E: MAURICE ARCADIER Electronic Signature of Registered Agent Person(s) Detail : MGR | Title | MGR | 04/25/2024 | |
| The above name SIGNATURE Authorized Title Name Address | d entity submits this statement for the purpose of changing its regis E: MAURICE ARCADIER Electronic Signature of Registered Agent Person(s) Detail : MGR WESTON, MARTIN | Title Name Address | MGR AHLIN, ENGPHEEN | 04/25/2024 | |

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: MARTIN WESTON | MGR | 04/25/2024 |
|--------------------------|-----|------------|
| | | |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AIR SEA PACKING MIAMI, LLC

FILED Apr 25, 2024 Secretary of State 4910689029CC

Date

Electronic Signature of Signing Authorized Person(s) Detail