

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108714

**Entity Name:** SKY MEDICAL AIR L.L.C.

**Current Principal Place of Business:**

9100 W BAY HARBOR DR  
SUITE 6-A  
BAY HARBOR ISLAND, FL 33154

**Current Mailing Address:**

9100 W BAY HARBOR DR  
SUITE 6-A  
BAY HARBOR ISLAND, FL 33154

**FEI Number:** 45-3419672

**Certificate of Status Desired:** Yes

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

DANIEL PEREIRA  
9100 W BAY HARBOUR DR  
SUITE 6-A  
BAY HARBOR ISLAND, FL 33154 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 MGR  
Name COSTA PEREIRA, DANIEL  
Address 9100 W BAY HARBOR DR APT 6AE  
City-State-Zip: BAY HARBOUR ISLANDS FL 33154

*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:** DANIEL COSTA PEREIRA

**PRESIDENT**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date