

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000033601

Entity Name: AIRGLADES INTERNATIONAL AIRPORT, LLC

Current Principal Place of Business:

111 PONCE DE LEON AVE.
CLEWISTON, FL 33440

Current Mailing Address:

111 PONCE DE LEON AVE.
CLEWISTON, FL 33440 US

FEI Number: 45-4781198

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KURTZ, LUKE
111 PONCE DE LEON AVE.
CLEWISTON, FL 33440 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 HARRISON, JR., CHARLES W.
Address 5201 BLUE LAGOON DRIVE
SUITE 200
City-State-Zip: MIAMI FL 33126

Title MGR
Name SANDRI, DAVID M
Address 5201 BLUE LAGOON DRIVE
SUITE 200
City-State-Zip: MIAMI FL 33126

Title MGR
Name HILLIARD, JOE MARLIN
Address 5500 FLAGHOLE RD
City-State-Zip: CLEWISTON FL 33440

Title MGR
Name WOOD, ELAINE M
Address 111 PONCE DE LEON AVE.
City-State-Zip: CLEWISTON FL 33440

Title MGR, VC
Name HILLIARD-CARROLL, MARY
ELIZABETH
Address 5500 FLAGHOLE RD
City-State-Zip: CLEWISTON FL 33440

Title MGR
Name IRICK, JR., STEPHEN C
Address 5201 BLUE LAGOON DRIVE
SUITE 200
City-State-Zip: MIAMI FL 33126

Title PRESIDENT
Name WADE, JR., MALCOLM S.
Address 111 PONCE DE LEON AVE
City-State-Zip: CLEWISTON FL 33440

Title SECRETARY
Name KURTZ, LUKE
Address 111 PONCE DE LEON AVE.
City-State-Zip: CLEWISTON FL 33440

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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: ELAINE WOOD

MGR

02/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name GALINDO, HERMAN
Address 5500 FLAGHOLE RD
City-State-Zip: CLEWISTON FL 33440