

2013 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

FEI Number: 45-4781198

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMEIDA, EDWARD
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, CHARLES WJR.
Address 6355 NW 36TH ST, STE. 604
City-State-Zip: MIAMI FL 33166

Title MGR
Name SANDRI, DAVID M
Address 6355 NW 36TH ST, STE. 604
City-State-Zip: MIAMI FL 33166

Title MGR
Name SUTTON, DAVID
Address 6355 NW 36TH ST, STE. 604
City-State-Zip: MIAMI FL 33166

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

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

Title MGR AND CHAIRMAN
Name HILLIARD, JOE MARLIN
Address 111 PONCE DE LEON AVE.
City-State-Zip: CLEWISTON FL 33440

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

Title MGR
Name MACDONALD, DUNCAN
Address 111 PONCE DE LEON AVE.
City-State-Zip: CLEWISTON FL 33440

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MALCOLM S. WADE, JR.

MANAGER

02/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date