

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000033601

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC9933988894**

**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 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 AND VICE CHAIRMAN  
Name HILLIARD, JOE MII  
Address 5500 FLAGHOLE RD  
City-State-Zip: CLEWISTON FL 33440

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

Title MGR AND CHAIRMAN  
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

Title MGR  
Name ALMEIDA, EDWARD  
Address 111 PONCE DE LEON AVE.  
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

**Continues on page 2**

*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:** EDWARD ALMEIDA

**MANAGER**

**02/25/2014**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MGR  
Name BUTTREY, WILLIAM DOUGLAS  
Address 5201 BLUE LAGOON DRIVE  
SUITE 200  
City-State-Zip: MIAMI FL 33126