#### 2020 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

**FILED** Feb 10, 2020

**Secretary of State** 

8461704145CC

Authorized Person(s) Detail :

Title MGR Title MGR

Name HARRISON, JR., CHARLES W. Name SANDRI, DAVID M

Address 5201 BLUE LAGOON DRIVE Address 5201 BLUE LAGOON DRIVE

SUITE 200 SUITE 200

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title MGR Title MGR

Name HILLIARD, JOE MARLIN Name WOOD, ELAINE M

5500 FLAGHOLE RD 111 PONCE DE LEON AVE. Address Address City-State-Zip: CLEWISTON FL 33440 City-State-Zip: CLEWISTON FL 33440

Title MGR, VC Title MGR, CHAIRMAN

Name HILLIARD-CARROLL, MARY WADE, JR., MALCOLM S Name

FI IZABETH

**PRESIDENT** 

111 PONCE DE LEON AVE. Address Address 5500 FLAGHOLE RD

City-State-Zip: CLEWISTON FL 33440 City-State-Zip: CLEWISTON FL 33440

Title MGR Title

Name IRICK, JR., STEPHEN C Name FORD, FRED

Address 5201 BLUE LAGOON DRIVE

Address 111 PONCE DE LEON AVE SUITE 200

City-State-Zip: CLEWISTON FL 33440 MIAMI FL 33126 City-State-Zip:

#### 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.

02/10/2020 **MANAGER** SIGNATURE: ELAINE WOOD

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title SECRETARY Title VP

NameKURTZ, LUKENameGALINDO, HERMANAddress111 PONCE DE LEON AVE.Address5500 FLAGHOLE RDCity-State-Zip:CLEWISTON FL 33440City-State-Zip:CLEWISTON FL 33440