

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000125951

Entity Name: DELRAY NAUTICAL AIRE LLC**Current Principal Place of Business:**101 ORCHARD STREET
SOMERVILLE, MA 02144**Current Mailing Address:**101 ORCHARD STREET
SOMERVILLE, MA 02144 US**FEI Number:** 46-1111456**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHRISTY BRADY JANSSEN, P.A.
120 S. OLIVE AVE.
SUITE 504
WEST PALM BEACH, FL 33401 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	MGRM, PRESIDENT
Name	LARSEN, ROBERT A
Address	101 ORCHARD ST.
City-State-Zip:	SOMERVILLE MA 02144

Title	MGR
Name	LARSEN, MICHAEL
Address	1309 LONGWOOD DR.
City-State-Zip:	BLOOMINGTON IN 47401

Title	MGR
Name	SAKAKEENY, BRANDT A
Address	1 DUNDEE ROAD
City-State-Zip:	LARCHMONT NY 10538

Title	MGRM, SECRETARY, VP, TREASURER
Name	BASKIN, DEBORAH L
Address	101 ORCHARD ST.
City-State-Zip:	SOMERVILLE MA 02144

Title	MGR
Name	LINDENSTRAUSS LARSEN, AYELET
Address	1309 LONGWOOD DR.
City-State-Zip:	BLOOMINGTON IN 47401

Title	MGR
Name	SAKAKEENY, MARGARET C
Address	1 DUNDEE ROAD
City-State-Zip:	LARCHMONT NY 10538

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: ROBERT LARSEN**MANAGING PARTNER****02/24/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date