

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000106328

Entity Name: OPEN AIR RENTALS, LLC**Current Principal Place of Business:**1219 ROMNEY ST.
JACKSONVILLE, FL 32211**Current Mailing Address:**PO BOX 17124
JACKSONVILLE, FL 32245**FEI Number:** 83-3889210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTSON, ISIDORE
39 BONAIR DR.
ST. AUGUSTINE, FL 32092 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	AMBR
Name	ROBERTSON, ISIDORE
Address	PO BOX 17124
City-State-Zip:	JACKSONVILLE FL 32245

Title	AMBR
Name	ROBERTSON, CASSANDRA
Address	PO BOX 17124
City-State-Zip:	JACKSONVILLE FL 32245

Title	AMBR
Name	SHAW, ADAM J IV
Address	PO BOX 17124
City-State-Zip:	JACKSONVILLE FL 32245

Title	AMBR
Name	SHAW, VERONICA
Address	PO BOX 17124
City-State-Zip:	JACKSONVILLE FL 32245

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: CASSANDRA ROBERTSON

AMBR

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date