

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000139484

**Entity Name:** NATIONAL AIRE VENTURES, LLC

**Current Principal Place of Business:**

678 SCARLET OAK CIR  
SUITE #102  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

678 SCARLET OAK CIR  
SUITE #102  
ALTAMONTE SPRINGS, FL 32701 UN

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRENNER, LINDA  
678 SCARLET OAK CIR  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701 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            BRENNER, DAVID  
Address        678 SCARLET OAK CIR SUITE 102  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            AMBR  
Name            BRENNER, MARC  
Address        678 SCARLET OAK CIR UNIT 102  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            AMBR  
Name            BRENNER, EDWARD  
Address        678 SCARLET OAK CIR UNIT 102  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            AMBR  
Name            WAGNER, SUSAN  
Address        678 SCARLET OAK CIR SUITE #102  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: MARC BRENNER**

**MGR**

**04/14/2021**

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

\_\_\_\_\_  
Date