

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000153556

**Entity Name:** AIRWAY CLEARANCE COACHING LLC

**Current Principal Place of Business:**

13800 EGRETS NEST DRIVE  
#1339  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

13800 EGRETS NEST DRIVE  
#1339  
JACKSONVILLE, FL 32258 US

**FEI Number:** 85-1386580

**Certificate of Status Desired:** No

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

BARKSDALE, TIFFANY J  
13800 EGRETS NEST DRIVE  
1339  
JACKSONVILLE, FL 32258 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 MOORE, ALISHA M  
Address 1432 CHRISTINA CREEK DR  
City-State-Zip: LITTLE ELM TX 75068

Title AUTHORIZED MEMBER  
Name JOHNSON, ANTONIO T  
Address 3007 FALLEN WOOD LANE  
City-State-Zip: LA GRANGE KY 40031

Title MGR  
Name BARKSDALE, TIFFANY J  
Address 13800 EGRETS NEST DRIVE, #1339  
City-State-Zip: JACKSONVILLE FL 32258

Title AUTHORIZED MEMBER  
Name HAYES, TIA J  
Address 3542 COTTER DR  
City-State-Zip: LOUISVILLE KY 40211

*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:** TIFFANY J BARKSDALE

**MEMBER**

**02/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date