

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000002600

Entity Name: COMMUTEAIR LLC**Current Principal Place of Business:**24950 COUNTRY CLUB BLVD.,
SUITE 200
NORTH OLMSTED, OH 44070**Current Mailing Address:**24950 COUNTRY CLUB BLVD.,
SUITE 200
NORTH OLMSTED, OH 44070 US**FEI Number:** 47-5676237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name CHAMPLAIN ENTERPRISES INC
Address 240 VALLEY ROAD
City-State-Zip: SOUTH BURLINGTON VT 05403

Title DIRECTOR
Name PRICE, ANDREW
Address 24950 COUNTRY CLUB BLVD.,
SUITE 200
City-State-Zip: NORTH OLMSTED OH 44070

Title DIRECTOR
Name ELBE, ANTONY VON
Address 24950 COUNTRY CLUB BLVD.,
SUITE 200
City-State-Zip: NORTH OLMSTED OH 44070

Title DIRECTOR
Name SULLIVAN, JOHN
Address 24950 COUNTRY CLUB BLVD.,
SUITE 200
City-State-Zip: NORTH OLMSTED OH 44070

Title DIRECTOR, PRESIDENT
Name HOEFLING, RICK
Address 24950 COUNTRY CLUB BLVD.,
SUITE 200
City-State-Zip: NORTH OLMSTED OH 44070

Title CFO
Name FRICK, SEAN
Address 24950 COUNTRY CLUB BLVD.,
SUITE 200
City-State-Zip: NORTH OLMSTED OH 44070

Title CORPORATE CONTROLLER
Name LICATA, LORRAINE
Address 24950 COUNTRY CLUB BLVD.,
SUITE 200
City-State-Zip: NORTH OLMSTED OH 44070

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: SEAN FRICK**AUTHORIZED PERSON****03/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date