

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000440

1. Entity Name  
ADVANCED AIR, L.L.C.

Principal Place of Business  
29675 OVERSEAS HWY.  
BIG PINE KEY FL 33043

Mailing Address  
29675 OVERSEAS HWY.  
BIG PINE KEY FL 33043

FILED

2001 JUN -1 AM 10:57

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THRELKELD, LAWRENCE  
31226 HOLLERICH DRIVE  
BIG PINE KEY FL 33043

Name (change of address)

Street Address (P.O. Box Number is Not Acceptable)

29675 Overseas Hwy.

City Big Pine Key

FL Zip Code 33043

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME Managing Member  
STREET ADDRESS Lawrence M. Threlkeld  
CITY-ST-ZIP 29675 Overseas Highway  
Big Pine Key, FL 33043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME Managing Member  
STREET ADDRESS Cayle D. Tippet  
CITY-ST-ZIP 29675 Overseas Highway  
Big Pine Key, FL 33043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Cayle D. Tippet, Manager

Date

Daytime Phone #

4/12/01 305 872 9863