2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State DOCUMENT # L0000007940 05-13-2002 90206 006 ****50.00 STARR AIR & TRANSPORTATION, L.L.C. Principal Place of Business Mailing Address 1625 RIVERSIDE DR 1625 RIVERSIDE DR HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3656424 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired __ [Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILES, DOUGLAS W Street Address (P.O. Box Number is Not Acceptable) 1625 RIVERSIDE DR HOLLY HILL FL 32117 City Zip Code 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 Fiorida. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition CR2E083 (9/01) NAME MILES. DOUGLAS W NAME STREET ADDRESS 1625 RIVERSIDE DR STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7/P TITLE ☐ Délete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

4/24/02 386-677-74/7 SIGNATURE

CITY-ST-ZIP 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.