

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90020 009 \*\*\*\*55.00

**DOCUMENT # L00000008422**

1. Entity Name  
**MAX AIR SERVICES, L.L.C.**



Principal Place of Business  
**2066 HOLLY OAKS RIVER DRIVE  
JACKSONVILLE FL 32225**

Mailing Address  
**PO BOX 8302  
JACKSONVILLE FL 32239**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3661465**

Applied For

Not Applicable

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

**WEINSTEIN, PHILIP T ESQ.  
2250 SW 3RD AVE., 5TH FLOOR  
MIAMI FL 33129**

Name  
**David Garvin, P A**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 Brickell Avenue**

**Suite 1480**

City

**Miami**

**FL**

Zip Code

**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Garvin*  
Signature, typed or printed name of registered agent and title if applicable.

**David Garvin**

**6/13/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **PEPPER, DAVID L**  
STREET ADDRESS **P.O. BOX 350106**  
CITY-ST-ZIP **JACKSONVILLE FL 32235**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*David Pepper* **David Pepper Manager**

Date

Daytime Phone #

**6/20/03**

CR2E083 (10/02)