


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000000041</b>					
1. Entity Name <b>AIR SUPPORT RESOURCES, LLC</b>					
Principal Place of Business <b>1620 S.W. 75 AVE. C/O CRESCENT FACILITY PEMBROKE PINES FL 33023</b>			Mailing Address <b>1620 S.W. 75 AVE. C/O CRESCENT FACILITY PEMBROKE PINES FL 33023</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCOTT, RUNYAN C/O CRESCENT FACILITY 1620 S.W. 75 AVE. PEMBROKE PINES FL 33023</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code



1st MOORE

CR2E083 (10/04)

4. FEI Number **65-1069700** ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

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 \_\_\_\_\_ (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, 2005**

## 9. MANAGING MEMBERS / MANAGERS

## 10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RUNYAN, SCOTT	
STREET ADDRESS	1620 S.W. 75 AVE.	
CITY - ST - ZIP	PEMBROKE PINES FL 33023	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	NIXON, JOHN M	
STREET ADDRESS	1620 S.W. 75 AVE.	
CITY - ST - ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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04/25/05-80042-015 55.00

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

Date

Daytime Phone #

4-19-05 954-987  
1900.