

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 14 PM 2:03

DOCUMENT # L01000000041

1. Entity Name
AIR SUPPORT RESOURCES, LLC



Principal Place of Business
1620 S.W. 75 AVE.
C/O CRESCENT FACILITY
PEMBROKE PINES, FL 33023

Mailing Address
1620 S.W. 75 AVE.
C/O CRESCENT FACILITY
PEMBROKE PINES, FL 33023



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11082006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1069700

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

SCOTT, RUNYAN
C/O CRESCENT FACILITY
1620 S.W. 75 AVE.
PEMBROKE PINES, FL 33023

Name
GLENN RUNYAN

Street Address (P.O. Box Number is Not Acceptable)
c/o Crescent Facility

1620 SW 75 Avenue

City
Pembroke Pines

FL Zip Code
33023

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

Glenn Runyan

GLENN RUNYAN

11/9/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME RUNYAN, SCOTT
STREET ADDRESS 1620 S.W. 75 AVE.
CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE Manager ☐ Change ☒ Addition
NAME GLENN RUNYAN
STREET ADDRESS 1620 SW 75 Avenue
CITY-ST-ZIP Pembroke Pines, FL 33023

TITLE MGR ☒ Delete
NAME NIXON, JOHN M
STREET ADDRESS 1620 S.W. 75 AVE.
CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE Manager ☐ Change ☒ Addition
NAME BLAIR WHITE
STREET ADDRESS 1620 SW 75 Avenue
CITY-ST-ZIP Pembroke Pines, FL 33023

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

Glenn Runyan

GLENN RUNYAN

11/9/06

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

Date

Daytime Phone #