

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000041

1. Entity Name  
AIR SUPPORT RESOURCES, LLC



**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**

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



07072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-08

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

000000954408  
07/11/08-80011-016 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUNYAN, GLENN VP
STREET ADDRESS	1620 S.W. 75 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	MGR
NAME	WHITE, BLAIR PRES
STREET ADDRESS	1620 S.W. 75 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*

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

Date

Daytime Phone #