

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000041

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: AIR SUPPORT RESOURCES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-1069700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUNYAN, GLENN VP  
Address: 1620 S.W. 75 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: MGR ( ) Delete  
Name: WHITE, BLAIR PRES  
Address: 1620 S.W. 75 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33023

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUNYAN, GLENN PRES  
Address: 1620 S.W. 75 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: MGR (X) Change ( ) Addition  
Name: WHITE, BLAIR VP  
Address: 1620 S.W. 75 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY PADGETT

MGR

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date