


FILED
Sep 24, 2003 8:00 am
Secretary of State

90158381

[illegible]

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-1077103 | Applied For |
| | | Not Applicable |

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

| | | | |
|---|---------|---|---------|
| DOCUMENT # L01000002326 1. Entity Name FLORIDA CARIBBEAN AIR HOLDING, LLC | |  | |
| Principal Place of Business | | Mailing Address | |
| C/O BRLPI, LPA'S 2929 E COMMERCIAL BLVD # 409 FORT LAUDERDALE FL 33308 | | C/O BRLPI, LPA'S 2929 E COMMERCIAL BLVD # 409 FORT LAUDERDALE FL 33308 | |
| 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 | | | |
| REPOSA, RICHARD A 2929 E COMMERCIAL BLVD # 409 FORT LAUDERDALE FL 33308 | | Name | |
| | | Street Address | |
| | | | |
| | | City | |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REPOSA, RICHARD A 2929 E COMMERCIAL BLVD # 409 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED

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

9/19/13

Daytime Phone #

CR2E083 (4/03)