FILED

Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90015 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100004403

1. Entity Name BUZZAIR, LLC



				OO WE THE					
Principal Place of Business 11970 SE DIXIE HWY SUITE 1 HOBE SOUND FL 33455		Mailing Address 11970 SE DIXIE HWY SUITE 1 HOBE SOUND FL 33455	11970 SE DIXIE HWY SUITE 1		 	iāja din dairei irain edini deska	41. 0.0 381 4.0 381 0.0	 	30:10 /Hi k 40 :
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		•	4. FEI Nun	nber NOT APPI	ICABLE		pplied For lot Applicable
Zip	Country Zip Col		Country	ntry 5. Cer		ate of Status Desired		\$5.00 Ad Fee Require	dditional
	6. Name and Address of Cur	rent Registered Agent	·		7. Name a	nd Address of New F	Registered /	Agent	
VALDES-FAULI CORPORATION SERVICES, INC.				ame					
SUT	SOUTH FLAGLER DRIVE JE 500 EAST	المنياد الفريسيون والمادة الماسيون المادة المادة	Str	reet Address (I		ber is Not Acceptable	;) 	معله واعظميتها	gara, s.m.,
WES	ST PALM BEACH FL 33401		Cit	ty		-	FL	Zip Cod	de
8. The above the obligat	named entity submits this stateme ions of registered agent.	nt for the purpose of changing its	registered off	ice or registere	ed agent, or b	ooth, in the State of Flo		amiliar with,	, and accept
SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable. (NOT:	E: Registered Agen	t signature required	when reinstating)		DATE		
		FILE NO Make Check Payabl	OW!!! FEE le to Florida e By May 1,	Departmen	it of State				
9.	MANAGING ME	MBERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, F. MORGAN JR 11970 SE DIXIE HWY HOBE SOUND FL 33455	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZH			ABBITTONO	OTANGES	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF					Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	1	- · · · .	_ ··	property of the control of the contr	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	1				Change .	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDR					Change	Addition
11. I hereby c	ertify that the information supplied	with this filing does not qualify for	the exemption	stated in Sec	tion 119.07(3)(i), Florida Statutes, I	further certi	fy that the in	formation

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: 7.//

772-546-6262