

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008803

1. Entity Name
TIARA AIR, LLC



Principal Place of Business

**13315 NORTH TAMiami
NAPLES, FL 34110**

Mailing Address

**4130 Morse Crossing
Columbus, Ohio 43219**



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-4368856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROGERS, WILLIAM L
800 SEAGATE DR
NAPLES, FL 34103**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GERMAIN, STEPHEN L
STREET ADDRESS	5777 SCARBOROUGH BLVD
CITY-ST-ZIP	COLUMBUS, OH 43232
TITLE	VT
NAME	GERMAIN, ROBERT L JR.
STREET ADDRESS	13315 NORTH TAMiami TRIAL
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VS
NAME	GERMAIN, RICHARD B
STREET ADDRESS	4130 MORSE CROSSING RD.
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	AS
NAME	McCarthy, Sean H.
STREET ADDRESS	4130 Morse Crossing
CITY-ST-ZIP	Columbus, OH 43219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000356578
05/04/05-80040-017 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Sean H. McCarthy 4/26/05 614-416-332