2002 UNIFORM BUSINESS REPORT (UBR)

Jun 18, 2002 8:00 am Secretary of State DOCUMENT # L01000010186 04-30-2002 90014 002 ****50 00 1. Entity Name AIR MAX HVCAR, LLC Principal Place of Business Mailing Address 30488 123 SEASPRAY STREET 123 SEASPRAY STREET DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 325 North Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For Not Applicable Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 77 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent REED, ALLEN Street Address (P.O. Box Number is Not Acceptable) 123 SEASPRAY STREET DAYTONA BEACH FL 32118 Zip Code 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 10. ADDITIONS/CHANGES 9. <u>6</u> ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME CPZE083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), 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.

CITY-ST-ZIP

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

FILED