

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90032 019 ****50.00

DOCUMENT # L01000010602

1. Entity Name
JEDAMI AIR, LLC



Principal Place of Business
**641 OCEAN BLVD.
GOLDEN BEACH, FL 33160**

Mailing Address
**641 OCEAN BLVD.
GOLDEN BEACH, FL 33160**

40062007



2. Principal Place of Business - No P.O. Box #
16051 Collins Avenue

3. Mailing Address
16051 Collins Avenue

04062007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.
Apt. 504

Suite, Apt. #, etc.
Apt. 504

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

6. Name and Address of Current Registered Agent

**ROBERT M. HERMAN, P.A.
8551 WEST SUNRISE BLVD
SUITE 102
PLANTATION, FL 33322-4007**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BAEZ, MANUEL TRUSTEE**
STREET ADDRESS **641 OCEAN BLVD.**
CITY-ST-ZIP **GOLDEN BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Baez, Manuel Trustee**
STREET ADDRESS **16051 Collins Avenue, Apt. 504**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Manuel Baez, Trustee

4/16/07

Date

852 617-7000

Daytime Phone #