

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90243 027 \*\*\*\*50.00

DOCUMENT # L01000021922

1. Entity Name

LANCELOT AIR, LLC

**DO NOT WRITE IN THIS SPACE**

943790

2. Principal Place of Business

50 Krndred Street

Suite, Apt. #, etc.

303

City & State

Stuart FL

Zip

34994

Country

USA

3. Mailing Address

P.O. Box 3208

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34995

Country

USA

4. FEI Number

01-0598876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephann Cotton

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

11 Island Road

City

Stuart

FL

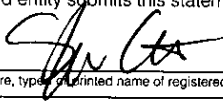
Zip Code

34996

**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.

SIGNATURE



Stephann Cotton

4/16/02

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
member  
Stephann Cotton  
50 Krndred Street, Ste 303  
Stuart, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CR2E083B (12/01)

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:



Stephann Cotton

4/16/02 772-287-6612

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

Date

Daytime Phone #