

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90011 029 \*\*\*\*50.00

**DOCUMENT # L02000029130**

1. Entity Name

**AIR USA, LLC**



Principal Place of Business

**1816 EAGLES CREST DR  
PORT ORANGE FL 32128**

Mailing Address

**2752 AUTUMN LEAVES DR  
PORT ORANGE FL 32128**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

**52-2386418**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POTTS, LEON  
1896 SPRUCE CREEK BLVD  
PORT ORANGE FL 32128**

Name

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

**1995 Royal Troon Court**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **VPT** ☐ Delete  
NAME **POTTS, LEON**  
STREET ADDRESS **1896 SPRUCE CREEK BLVD**  
CITY - ST - ZIP **PORT ORANGE FL 32128**

TITLE ☒ Change ☐ Addition  
NAME **1995 Royal Troon Court**  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **P** ☐ Delete  
NAME **SHAD, CONRAD P**  
STREET ADDRESS **1816 EAGLES CREST DRIVE**  
CITY - ST - ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **ST** ☐ Delete  
NAME **WALLIN, WAYNE**  
STREET ADDRESS **2752 AUTUMN LEAVES DR**  
CITY - ST - ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Wayne E. Wallin*

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

**4/9/06 386/756-1280**

Date

Daytime Phone #