

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90051 025 ***138.75

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
52-2386418

Applied For
Not Applicable

Zip Country

Zip Country

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
1995 ROYAL TROON COURT
PORT ORANGE, FL 32128**

Name
SHAD, CONRAD P
Street Address (P.O. Box Number is Not Acceptable)
1816 EAGLES CREST DRIVE
City
PORT ORANGE FL Zip Code
32128

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 *Conrad P Shad* **CONRAD P SHAD, PRES** **23 April 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE VPT	<input checked="" type="checkbox"/> Delete
NAME POTTS, LEON	
STREET ADDRESS 1995 ROYAL TROON COURT	
CITY-ST-ZIP PORT ORANGE, FL 32128	
TITLE P	<input type="checkbox"/> Delete
NAME SHAD, CONRAD P	
STREET ADDRESS 1816 EAGLES CREST DRIVE	
CITY-ST-ZIP PORT ORANGE, FL 32128	
TITLE ST	<input type="checkbox"/> Delete
NAME WALLIN, WAYNE	
STREET ADDRESS 2752 AUTUMN LEAVES DR	
CITY-ST-ZIP PORT ORANGE, FL 32128	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

10. ADDITIONS/CHANGES

TITLE VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NORRIS, ALAN	
STREET ADDRESS 646 N RIVERSIDE DR	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Wayne Wallin* **WAYNE WALLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/08 386-756-1280
Date Daytime Phone #