FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Aug 12, 2003 8:00 am Secretary of State DOCUMENT #L02000033032 08-12-2003 90009 034 ****50.00 FISCHER INDUSTRIES-AIR, LLC Principal Place of Business Mailing Address P.O. BOX 780068 P.O. BOX 780068 SEBASTIAN FL 32978-0068 SEBASTIAN FL 32978-0068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59- 23019 58 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISCHER, HENRY Street Address (P.O. Box Number is Not Acceptable) 10729 U.S. HIGHWAY 1 SEBASTIAN FL 32958 City 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 1 (NOTE: Registered Agent signature required when rainstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Addition TITLE Delete Change NAME FISCHER, HENRY NAME STREET ADDRESS P.O. BOX 780068 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SEBASTIAN FL 32978-0068** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.