

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90354 031 ****55.00

DOCUMENT # L03000010680

1. Entity Name
FINAIR, LLC



Principal Place of Business
**4300 MARSH LANDING BLVD
SUITE 101
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**4300 MARSH LANDING BLVD
SUITE 101
JACKSONVILLE BEACH, FL 32250**

40099970

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

3. Mailing Address
4336 PABLO OAKS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATIN. SETH DEYO

City & State

City & State
JACKSONVILLE, FL

Zip

Country

Zip
32224

Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number **412091941**
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FINLAY HOLDINGS, INC
STE 101
4300 MARSH LANDING BLVD
JACKSONVILLE BEACH, FL 32250**

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 **FINLAY, CHRISTOPHER C**
STREET ADDRESS **4400 MARSH LANDING BLVD., STE. 3**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **TRIAD FINANCIAL SERVICES, INC.**
STREET ADDRESS **4336 PABLO OAKS CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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

Seth Deyo, CFO 5/1/07 904-223-1111

Date

Daytime Phone #