

**2008 LIMITED LIABILITY COMPANY
ANNUAL-REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000028314

1. Entity Name
TOTAL AIR SOLUTIONS, LLC



Principal Place of Business
**1050 CORPORATE AVE., UNIT 118
NORTH PORT, FL 34289**

Mailing Address
**1050 CORPORATE AVE., UNIT 118
NORTH PORT, FL 34289**



02082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0165748	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DECARLO, FRANK RAYMOND III
4261 CUTHBERT AVENUE
NORTH PORT, FL 34287**

**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. 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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERT, WILLIAM 29716 MORWEN PLACE WESLEY CHAPEL, FL 33543
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECARLO, FRANK R III 4261 CUTHBERT AVE. NORTH PORT, FL 34287
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000822586
02/20/08-80003-020 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Frank R. Decarlo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/08

Date

941 426 1770

Daytime Phone #