

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030457

Entity Name: AIR SOLUTIONS, LLC

FILED  
Mar 05, 2009  
Secretary of State

**Current Principal Place of Business:**

4565 WILSON BLVD NORTH  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

4565 WILSON BLVD NORTH  
NAPLES, FL 34120

**New Mailing Address:**

FEI Number: 51-0480855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRISON, LEO  
4565 WILSON BLVD NORTH  
NAPLES, FL 34120 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BADGER AIR, INC,  
Address: 1520 LAKE BALDWIN LANE SUITE B  
City-St-Zip: ORLANDO, FL 32814 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BADGER AIR, INC,  
Address: 4565 WILSON BLVD. NORTH  
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALLACE J HILLIARD

MGRM

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date