

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037247

1. Entity Name
WEST AIR, LLC



Principal Place of Business
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323-2840

Mailing Address
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323-2840

FILED
Mar 10, 2008 08:00 AM
Secretary of State



02222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
05-0589684

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HINDEN, JON A ESQ
WEBBER, HINDEN, MCLEANE ARBIETER, PA
4430 SW 64TH AVE
DAVIE, FL 33314

**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	MGRM
NAME	PET SUPERMARKET, INC.
STREET ADDRESS	1100 INTERNATIONAL PKWY
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000854191
03/26/08-80098-014 143.75

**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:

Charles West Jr
Charles West Jr

2/27/08

954-351-0834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #