

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:43

DOCUMENT # L03000040611

1. Entity Name
CRYSTAL AIR SERVICES, LLC



Principal Place of Business
6020 SW 15 ST.
PLANTATION, FL 33317 US

Mailing Address
6020 SW 15 ST.
PLANTATION, FL 33317 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



10052005 REIN-LLC CR2E101 (6/04)

City & State

City & State
Plantation FL

4. FEI Number
16-1686904

Applied For
Not Applicable

Zip

Country

Zip

33317

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURLS, CRYSTAL
6020 SW 15 ST.
PLANTATION, FL 33317

Name
N/A
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)

10/7/05
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS BURLS, CRYSTAL
CITY-ST-ZIP 6020 SW 15 ST
PLANTATION, FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS 500060500045
CITY-ST-ZIP 10/11/05--01048--020 **155.00 ☐ Change ☐ Addition

TITLE
NAME MGRM
STREET ADDRESS BURLS, JONATHAN
CITY-ST-ZIP 6020 SW 15 ST
PLANTATION, FL 33317 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE

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

10/7/05 954/357-4514
Date Daytime Phone #