

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90153 015 ****50.00

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1. Entity Name
**FLORIDA AIR TECHNOLOGIES SOUTH, LIMITED
LIABILITY COMPANY**



Principal Place of Business

**1137 SW 7TH ROAD
OCALA, FL 34474**

Mailing Address

**1137 SW 7TH ROAD
OCALA, FL 34474**



01112005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
77-0614701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MYLAVARAPU, SUNDAR R
1137 SW 7TH ROAD
OCALA, FL 34474**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SUNDAR, MYLAVARPU R
2038 SW 78TH TERRACE
GAINESVILLE, FL 32604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COKNRLIS STAKENBORG CORNELIS
10705 SE 151 STREET
SUMMERFIELD, FL 34491**

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

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IN THIS SPACE**

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:

S. R. Mylavarapu

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

1/28/05

Date

(352) 401-9998

Daytime Phone #