

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90195 038 ****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**

2. Principal Place of Business
10255-A GENERAL DRIVE

3. Mailing Address
10255-A GENERAL DRIVE

Suite, Apt. #, etc.
UNIT A-10

Suite, Apt. #, etc.
UNIT A-10

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32824 Country

Zip
32824 Country

03162006 Chg-LLC CR2E083 (11/05)

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**

7. Name and Address of New Registered Agent

Name

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5238 TILDENS GROVE BLVD
WINDERMERE, FL 34786** ☐ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: S.R. Mylavarapu [SUNDAR R. MYLAVARAPU] **3/23/06** **(407) 850-9255**

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

Date

Daytime Phone #