

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053706

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** AIR RELIEF SPECIALISTS, LLC

**Current Principal Place of Business:**

11723 WESSON CIRCLE EAST  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

11723 WESSON CIRCLE EAST  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 90-0259200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

COLMORGEN, ROBERT C  
11723 WESSON CIRCLE EAST  
TAMPA, FL 33618 US

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

COLMORGEN, ROBERT C  
8416 TWIN LAKES BLVD  
TAMPA, FL 33614 US

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

05/01/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COLMORGEN, ROBERT C  
Address: 8416 TWIN LAKES BLVD  
City-St-Zip: TAMPA, FL 33614 US

Title: MGRM  
Name: OSBOURN, RICKIE EUGENE JR.  
Address: 11723 WESSON CIRCLE EAST  
City-St-Zip: TAMPA, FL 33618 US

I hereby 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: ROBERT COLMORGEN

MGRM

05/01/2010

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