2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 22, 2005 8:00 am
Secretary of State

02-09-2005 90159 021 ****50.00

DOCUMENT # L04000024892

1. Entity Name
AIRWEIGHT, LLC

Principal Place of Business
3240 AIRFIELD DRIVE EAST
LAKELAND, FL 33811 US

Mailing Address
3240 AIRFIELD DRIVE EAST
LAKELAND, FL 33811 US

30002341

02052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0947878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLEASON, JOSEPH J
1545 EAST LAKE PARKER DRIVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name Michael Jannine
Street Address (P.O. Box Number is Not Acceptable)
3240 Airfield Drive E #3
City Lakeland FL Zip Code 33811

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] Michael Jannine 02/05/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANNINE, MICHAEL F P.O. BOX 5131 LAKELAND, FL 33807	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] Michael Jannine 02/05/05 (863) 646-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #