

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90039 018 ***138.75

DOCUMENT # L04000030446

1. Entity Name
AIR-X, LLC



Principal Place of Business
5800 NORTHWEST 74TH AVENUE
MIAMI, FL 33166

Mailing Address
5800 NORTHWEST 74TH AVENUE
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #
6401 N.W. 74 AVE.

3. Mailing Address
6401 N.W. 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
33-1094987

Applied For
Not Applicable

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

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
MIAMI - DADE

Zip
33166

Country
MIAMI - DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVADOR, JURADO A JR, ESQ
6401 NW 74TH AVE
MIAMI, FL 33166

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BARED, JOSE P ☐ Delete
STREET ADDRESS 5800 NW 74TH AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGR
NAME SALVADOR, JURADO A ☐ Delete
STREET ADDRESS 6401 SW 74TH AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME BARED, JOSE P.
STREET ADDRESS 18001 OLD CUTLER RD. # 370
CITY-ST-ZIP PALMETTO BAY, FL 33157

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

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

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

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

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

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:

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

Date

Daytime Phone #

4/14/08 (305) 592-8245