

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000035511

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** POWER AIR LLC

**Current Principal Place of Business:**

901 NE 172 STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

901 NE 172 STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 27-0090369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEN, BRUCE  
17101 NE 9TH AVE  
NORTH MIAMI BEACH, FL 33162 US

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

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:** BRUCE LEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** LEN, BRUCE  
**Address:** 17101 NE 9TH AVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** MGR  
**Name:** LEN, NATASHA  
**Address:** 17101 NE 9TH AVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** MGR  
**Name:** GOLDSMITH, ELLIOT S  
**Address:** 901 NE 172 ST  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** MGR  
**Name:** GOLDSMITH, MERAV N  
**Address:** 901 NE 172 ST  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** BRUCE LEN

MGR

10/02/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date