

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90151 035 ****50.00

DOCUMENT # L04000041775

1. Entity Name

AIR L'ATTITUDE, LLC



Principal Place of Business

50 CLUBHOUSE ROAD, ANGLERS CLUB
KEY LARGO FL 33037

Mailing Address

50 CLUBHOUSE ROAD, ANGLERS CLUB
KEY LARGO FL 33037

2. Principal Place of Business

27 Angel Fish Cay Dr.

3. Mailing Address

24 Dockside Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 389

City & State

Key Largo FL

City & State

Key Largo FL

Zip

33037

Country

Monroe

Zip

33037

Country

Monroe



1st MOORE

CR2E083 (10/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINK, RICHARD D
50 CLUBHOUSE ROAD, ANGLERS CLUB
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

24 Dockside Ln Box 389

City

Key Largo

FL

Zip Code

33037

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LINK, RICHARD D	
STREET ADDRESS	50 CLUBHOUSE ROAD, ANGLERS CLUB	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LINK, DEBORAH J	
STREET ADDRESS	50 CLUBHOUSE ROAD, ANGLERS CLUB	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

JAN 28 2005