## 2005 LIMITED LIABILITY COMPANY

## Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000062980 04-28-2005 90040 049 \*\*\*\*55.00 AIR-X SERVICES, LLC Mailing Address Principal Place of Business 5800 NORTHWEST 74TH AVE. 5800 NORTHWEST 74TH AVE. 14007451 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162005 CR2E083 (10/03) Chg-LLC 4. FEI Number City & State Applied For City & State 68-0591799 Not Applicable Zip \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAZ, JUAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 5800 NORTHWEST 74TH AVE. MIAMI, FL 33166 City 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR Defete TITLE ☐ Change ☐ Addition AIR-X. LLC NAME NAME 5800 NORTHWEST 74TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33166 CITY-ST-ZIP ☐ Detete ☐ Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZLP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

☐ Change

☐ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

April 23 2005 Juna Dine General SIGNATURE: NO TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Daytime Phone #