

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033238

1. Entity Name
AIR RITE LLC



Principal Place of Business
2979 SW 52ND COURT
BELL, FL 32619

Mailing Address
2979 SW 52ND COURT
BELL, FL 32619

FILED
08 OCT -1 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05082008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
87-0773100

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAVIS, ALLEN H
2979 SW 52ND COURT
BELL, FL 32619

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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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000136583230
10/03/08--01003--004 **138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAVIS, ALLEN H 2979 SW 52ND COURT BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEJAME, JAMAL 1914 SW 91ST STREET GAINESVILLE, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, JOSEPH 6291 NW 105TH COURT CHIEFLAND, FL 32626
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

up
10/1/08

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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: ALLEN H TRAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9-9-08
Date

352-221-4457
Daytime Phone #