## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000033840

Entity Name: MONARCH AIR GROUP, LLC

GOLUBCHIK, ANATOLY

FT. LEE, NJ 07024

900 PALISADE AVE. APT 2205

Name:

Address:

City-St-Zip:

FILED May 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5535 N.W. 23RD AVE. HANGER 16 FORT LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** 5535 N.W. 23RD AVE. HANGER 16 FORT LAUDERDALE, FL 33309 FEI Number: 65-1246704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLAVIN, PAUL 5535 N.W. 23RD AVE. HANGER 16 FORT LAUDERDALE, FL 33309 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SLAVIN, PAUL S Name: Name: Address: 5535 N.W. 23RD AVE. Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CARMAN, TIMOTHY L Name: Address: 2215 RIVER RIDGE ROAD Address: City-St-Zip: ARLINGTON, TX 76017 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GITMAN, JACOB Name: Name: 1111 KANE CONCOURSE SUITE 518 Address: Address: City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL SLAVIN MGRM 05/07/2009