

LO5000051291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

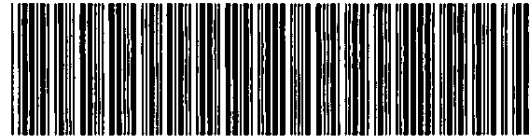
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2013 APR 29 AM 8:02

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J. SAULSBERRY
EXAMINER
MAY 2 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIR GENERAL SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVAN CRUZ CORREA

Name of Person

Firm/Company

5342 CLARK ROAD APT 125

Address

SARASOTA, FLORIDA 34233

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN CRUZ CORREA

Name of Person

941 706-6322

at ()

Area Code & Daytime Telephone Number

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STATE OF FLORIDA
TALLAHASSEE, FL 32301

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 01/14/2014 BY SP4/STP/STP

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

Dated APRIL 24TH 2013

Ivan Cruz Correa

Signature of a member or authorized representative of a member

IVAN CRUZ CORREA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF CALIFORNIA
FALL AND WINTER 2013

FILED