

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000063423**

**1. Entity Name**  
**AIRTAC ENTERPRISES, LLC**



**Principal Place of Business**

**1679 PARKSIDE CIRCLE  
NICEVILLE, FL 32578**

**Mailing Address**

**1679 PARKSIDE CIRCLE  
NICEVILLE, FL 32578**



01122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**55-0899024**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PEARSON, PHILIP E  
1679 PARKSIDE CIRCLE  
NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>PEARSON, PHILIP</b>
<b>STREET ADDRESS</b>	<b>1679 PARKSIDE CIRCLE</b>
<b>CITY-ST-ZIP</b>	<b>NICEVILLE, FL 32578</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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01/16/07-80040-012 50.00

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IN THIS SPACE**

**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:**

*Philip Pearson*

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

**12 Jan 07**

Date

**850-897-3007**

Daytime Phone #