## **ANNUAL REPORT**

SIGNATURE

## **FILED** 2006 LIMITED LIABILITY COMPANY Apr 28, 2006 8:00 am Secretary of State DOCUMENT # L05000065734 1. Entity Name PRESTOAIR MANAGEMENT LLC 04-28-2006 90029 004 \*\*\*\*50.00 Principal Place of Business Mailing Address 1663 MARGARET'S WALK RD. 1663 MARGARET'S WALK RD. **GREEN COVE SPRINGS, FL 32043** GREEN COVE SPRINGS, FL 32043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222006 CR2E083 (11/05) Chg-LLC City & State City & State Applied For 4. FEI Number Not Applicable Country Zin Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOOTH, MELISSA M Street Address (P.O. Box Number is Not Acceptable) 147 FAIRWAY OAKS DR ORANGE PARK, FL 32003 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 priviled name of registered agent and talls if applicable. DATE (NOTE: Registered Agent aignature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME PRESSLEY, KENNETH NAME STREET ADDRESS 1663 MARGARET'S WALK RD STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP TITLE MGRM □ Detete TILLE ☐ Change ■ Addition PRESSLEY, ANDREA NAME NAME STREET ADDRESS 1663 MARGARET'S WALK RD STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete mne Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P Change ■ Addition TITLE ☐ Detete TITLE F NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.