

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000070799

1. Entity Name
STW AIR, LLC



Principal Place of Business

**825 SE 3RD AVENUE
OCALA, FL 34471**

Mailing Address

**825 SE 3RD AVENUE
OCALA, FL 34471**

DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
42-1673994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEMP, WINDY A
825 SE 3RD AVENUE
OCALA, FL 34471**

**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

TITLE	MGRM
NAME	THURSTON, GARY A
STREET ADDRESS	825 SE 3RD AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	SEIMLE, DON
STREET ADDRESS	825 SE 3RD AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	WELCH, THOMAS JOSEPH
STREET ADDRESS	825 SE 3RD AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	KEMP, WINDY A
STREET ADDRESS	825 SE 3RD AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80066-019 50.00

**DO NOT WRITE
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:

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

Windy A. Kemp
CFO/Treasurer
(352) 629-7979

Date

Daytime Phone #

Windy A. Kemp
CFO/Treasurer
(352) 629-7979

1/5/2007