

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070799

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: STW AIR, LLC

**Current Principal Place of Business:**

825 SE 3RD AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

825 SE 3RD AVENUE  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 42-1673994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: THURSTON, GARY A  
Address: 825 SE 3RD AVENUE  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: SEIMLE, DON  
Address: 825 SE 3RD AVENUE  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: KEMP, WINDY A  
Address: 825 SE 3RD AVENUE  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: STEIMLE, DON  
Address: 825 SE 3RD AVENUE  
City-St-Zip: Ocala, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WINDY A KEMP

T/S

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date