

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080612

FILED
Feb 26, 2008
Secretary of State

Entity Name: AMERIFLYERS OF FLORIDA, L.L.C.

Current Principal Place of Business:

801 NE 10TH ST
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

16151 ADDISON RD
ADDISON, TX 75001

New Mailing Address:

FEI Number: 30-0331272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: HUSER, DAVID
Address: 3N040 POWIS ROAD
City-St-Zip: WEST CHICAGO, IL 60185

Title: MGRM () Delete
Name: LAWRENCE, HUGH
Address: 3N040 POWIS ROAD
City-St-Zip: WEST CHICAGO, IL 60185

Title: MGRM () Delete
Name: COLE, JILL
Address: 3N040 POWIS ROAD
City-St-Zip: WEST CHICAGO, IL 60185

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: COLE, JILL
Address: 16151 ADDISON ROAD
City-St-Zip: ADDISON, TX 75001

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: JILL COLE

MGRM

02/26/2008

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