

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080612

FILED
Jan 21, 2009
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:

COLE, JILL M MS.
16151 ADDISON ROAD
ADDISON, FL 75001 US

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: JILL COLE

01/21/2009

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: 16151 ADDISON ROAD
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES:

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

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

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: JENNY CAPPS

MS.

01/21/2009

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