


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90011 044 \*\*\*\*50.00

<b>DOCUMENT # L05000085572</b>			
1. Entity Name <b>EXQUISITE AIR, LLC</b>			
Principal Place of Business <b>4507 FURLING LANE SUITE 108 DESTIN, FL 32541 US</b>		Mailing Address <b>4507 FURLING LANE SUITE 108 DESTIN, FL 32541 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>605 N. Co. Hwy 393</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Unit 9E</b>	
City & State		City & State <b>Santa Rosa Beach, FL</b>	
Zip	Country	Zip	Country
		<b>32459</b>	<b>US</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BECKER, LARRY P JR. 4507 FURLING LANE SUITE 108 DESTIN, FL 32541</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BECKER, LARRY P SR 4507 FURLING LANE SUITE 108 DESTIN, FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Larry P. Becker</i>		<b>7/20/07</b> <b>(850) 267-2160</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

**60053257**



07192007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3379837** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required