

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095593

FILED
Jun 30, 2009
Secretary of State

Entity Name: FULLER AIR, L. L. C.

Current Principal Place of Business:

829 LAKE AGNES DRIVE
POLK CITY, FL 33868 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 225
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 20-3547390 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KEITH, WILLIAM C
1517 COMMERCIAL PARK DR.
LAKELAND, FL 33801 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FULLER, WARREN R
Address: 829 LAKE AGNES DRIVE
City-St-Zip: POLK CITY, FL 33868 US

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

Title: MGRM () Delete
Name: FULLER, SHARON M
Address: 829 LAKE AGNES DRIVE
City-St-Zip: POLK CITY, FL 33868 US

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: WARREN R FULLER

MGRM

06/30/2009

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