

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095593

FILED  
Apr 27, 2012  
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 ( )**

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

KEITH, WILLIAM C  
1517 COMMERCIAL PARK DR.  
LAKELAND, FL 33801 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  
Name: FULLER, WARREN R  
Address: 829 LAKE AGNES DRIVE  
City-St-Zip: POLK CITY, FL 33868 US

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

I hereby 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 FULLER

MGRM

04/27/2012

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