

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90021 027 ****50.00

20025224



DOCUMENT # L05000096559

1. Entity Name
AIR VOLARE, LLC.



Principal Place of Business
**2020 W PENSACOLA STREET
SUITE # 27
TALLAHASSEE, FL 32304**

Mailing Address
**PO BOX 2535
TALLAHASSEE, FL 32316-2535**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3536137	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

~~IGLER & DOUGHERTY, P.A.~~
~~2457 CARE DRIVE~~
~~SUITE 200~~
~~TALLAHASSEE, FL 32308~~

7. Name and Address of New Registered Agent

Name **Steven R. Leoni**
Street Address (P.O. Box Number is Not Acceptable)
2020 W Pensacola St
Suite 27
City **Tallahassee** FL Zip Code **32304**

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 _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IGLER & DOUGHERTY, P.A.		NAME	
STREET ADDRESS 2457 CARE DRIVE, SUITE 200		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL 32308		CITY-ST-ZIP	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUDNICK, JAMES M		NAME RUDNICK, JAMES M	
STREET ADDRESS 2457 CARE DRIVE, SUITE 200		STREET ADDRESS 226 N DUVAL	
CITY-ST-ZIP TALLAHASSEE, FL 32308		CITY-ST-ZIP TALLAHASSEE, FL 32301	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONI, STEVEN M		NAME	
STREET ADDRESS 2020 WEST PENSACOLA STREET, SUITE #27		STREET ADDRESS PO BOX 2535	
CITY-ST-ZIP TALLAHASSEE, FL 32304		CITY-ST-ZIP 32316-2535	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: 03/30/06 850-580-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #